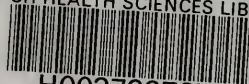


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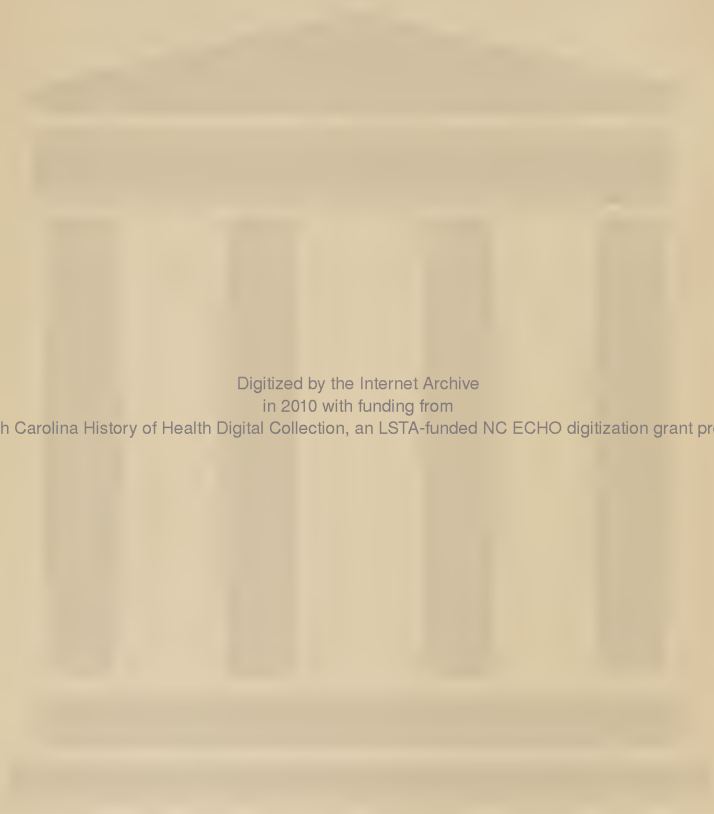
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THE BULLETIN
OF THE
NORTH CAROLINA DENTAL SOCIETY

CONTAINING THE
PROCEEDINGS

OF THE
FIFTY-EIGHTH ANNUAL MEETING

MAY 2, 3, 4, 1932

VIRGINIA DARE HOTEL

ELIZABETH CITY, NORTH CAROLINA

VOL. XVI

AUGUST, 1932

No. 1

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PROCEEDINGS

OF THE

NORTH CAROLINA DENTAL SOCIETY

FIFTY-EIGHTH ANNUAL MEETING

HOTEL VIRGINIA DARE, ELIZABETH CITY,
NORTH CAROLINA, MAY 2, 3, 4, 1932

FIRST DAY—MONDAY, MAY 2, 1932

MORNING SESSION

The Convention was called to order at 10:00 o'clock a.m., by Dr. Dennis Keel, of Greensboro, President.

President Keel:

The Fifty-Eighth Annual Meeting of the North Carolina State Dental Society will now come to order.

I will ask the Reverend George W. Perry, of the First Methodist Church of Elizabeth City, to pronounce the invocation. Please stand.

Reverend George W. Perry:

If you gentlemen will pardon me, I want to deviate a bit from your regular order and read some verses from this Book, and then we will bow our heads and pray. These verses are from the 15th chapter of the Gospel according to John: "I am the true vine, and my Father is the husbandman. Every branch in me that beareth not fruit he taketh away: and every branch that beareth fruit, he purgeth it, that it may bring forth more fruit. Now ye are clean through the word which I have spoken unto you. Abide in me, and I in you. As the branch cannot bear fruit of itself, except it abide in the vine; no more can ye, except ye abide in me. I am the vine, ye are the branches: He that abideth in me, and I in him, the same bringeth forth much fruit: for without me ye can do nothing. If a man abide not in me, he is cast forth as a branch, and is withered; and men

gather them, and cast them into the fire, and they are burned. If ye abide in me, and my words abide in you, ye shall ask what ye will, and it shall be done unto you. Herein is my Father glorified, that ye bear much fruit; so shall ye be my disciples. As the Father hath loved me, so have I loved you: continue ye in my love. If ye keep my commandments, ye shall abide in my love; even as I have kept my Father's commandments, and abide in his love. These things have I spoken unto you, that my joy might remain in you, and that your joy might be full. This is my commandment, That ye love one another, as I have loved you. Greater love hath no man than this, that a man lay down his life for his friends. Ye are my friends if ye do whatsoever I command you."

May God add His blessing to the reading of His Word. Let us bow our heads, and pray:

Father, God, we thank Thee for this day; we are grateful unto Thee for the privileges, the opportunities, that come with this new day. Perhaps we shall fail to take advantage of the opportunities that come to us today. This may be so because we deliberately refuse to avail ourselves of the fine things God has put within our reach; it may be so because we shall not know the things that we ought to do. We pray this morning, that we may be willing to have the leadership of the Person Who has never failed in the great business of leading men in the finer way in this world, that we may accomplish the very most as we deal one with the other.

We pray Thy blessing to rest upon our guests, who have come to this city. We thank Thee for these men. Let Thy blessings rest upon their homes, upon the people they serve; and we pray that their meeting here together may bring them closer to each other, and closer to Jesus Christ. As these men study with reference to matters that have to do with our good, we pray that they may not lose sight of the Person Who wants to lead them in all that they undertake in this life.

We pray this morning that we may love one another as Jesus Christ has taught us to do. We love Him to the extent that we are willing to do the things that He has commanded us to do. We are so thankful this morning for the statement that comes from Jesus Christ, "Ye are my friends, if ye do whatsoever I command you."

Even though we fail in so many instances, He understands as no other person, He loves us as no person can; He is so anxious

to forgive us and give us another chance. We pray this morning for the forgiveness that Christ alone can give. Grant to make us anxious to start anew this morning, and to the end of life's day may we continue to strive as men should do, to be like Jesus.

Let Thy blessing rest upon these men, upon all the work that they may do in our city; bless them as they go from this place to their respective homes. Grant O Lord to make us Thine in deed and in truth, that we may march forth to Thy honor and glory. Forgive our failures, without an exception bring us to Thyself; for we ask it in Jesus' name and for His sake. Amen.

President Keel:

We are pleased to have with us this morning, the Honorable J. B. Flora, Mayor of Elizabeth City, who will deliver the address of welcome. Mayor Flora.

Mayor J. B. Flora, Elizabeth City:

Mr. President, members of the North Carolina Dental Society, Ladies and Gentlemen: It is a particular pleasure, privilege, and honor to address you and to welcome you to Elizabeth City.

Language itself is an art, words are glorious, but I am no orator and consequently cannot paint pictures in glorious words of your welcome to Elizabeth City. But I think that all you who were here yesterday, and awoke this morning and found the wonderful spring sun, know that nature is in tune and casts its arms around you in a mighty welcome. You are welcome to Elizabeth City; the latch string is out, the door mat has the welcome on it.

It is a particular pleasure and privilege to you to visit this honored state of Albemarle, for here it is that one of the first signs of dentistry was discovered. In studying over the subject, trying to really find out something about dentistry—and I had a lengthy manuscript, but somehow I lost it—but I found out that dentistry started with the Greeks and Hindoos, and then it came on up to Hippocrates, and then on up to Doctor White, around about 1843—the other Doctor White—while the others were discovering gold fillings, Doctor White of our family also discovered about cotton! But the first painless dentistry was committed, maybe I should say practiced, on Roanoke Island, in about 1584, by a man by the name of Barlowe, when a member of his crew found an Indian suffering from an abscessed

tooth, and he was so very wild with pain that they had to hold him down, when he put a gun to the Indian's head and blew his head off—painless dentistry! (Laughter.)

But, we have other historical features in this section. It was in this country that the first General Assembly was held; I hope you all will visit the spot. It was here that the first white child was born in America.

As I have told you before, it is impossible for me to tell you how much we are pleased to have you here; the city is yours, make the most of it. I hope that your time here will be such a real pleasure that the memory of it will linger on through the ages. I thank you. (Applause.)

President Keel:

I am sure that we all appreciate the kind welcome that Mayor Flora has extended us, and I will ask Doctor Ralph Jarrett, of Charlotte, to make the response to the address of welcome.

Doctor Ralph Jarrett, Charlotte:

Mr. President, Mayor Flora, Members of the North Carolina Dental Society: It is a distinct pleasure for me to be here this morning as a member of this organization, more especially as a guest of this section of our State. I well remember the gentleman that bid for the meeting of 1932 to come and favor that city with our presence. Frankly, I thought he was dreaming, before he finished I thought he was still dreaming, and I well remember his ability to hold the floor until the organization voted he sit! I, like many others, thought it was too far away from the center of what I thought was activity at that time. But while we haven't been here before, I don't understand why we have not.

No spot in America furnishes more data for our historians, no section furnishes us with the beginning of so many things of world importance. Just over there was born the first white child of English-speaking parents, the beginning of America. Just beside there was the first aerial flight, authentically recognized. It was there that Sir Walter Raleigh started his great historical addition. And it was just south of here, fifty-eight years ago that gave birth to the North Carolina Dental Society, an organization which stands out in the world as one of the best State organizations in existence. I could name hundreds of other things, but you gentlemen know them better than I.

But it is a distinct pleasure to be here. Mayor Flora, we appreciate the genuine hospitality that you have shown us, and that this section has shown us, on the return of our Society to its birth section. (Applause.)

President Keel:

I am sure we all appreciate the words of Dr. Jarrett.

I will now ask the Vice-President, Dr. L. M. Edwards, to assume the chair. Is Dr. Edwards in the room? (No response.) In his absence, I will ask Dr. P. E. Jones, the Past President, to take the chair.

Dr. Paul E. Jones, Farmville:

Mr. President, Fellow Members of the North Carolina Dental Society: we will now have the annual address of our President, Dr. Dennis Keel. (Applause.)

President Dennis Keel, Greensboro:

THE PRESIDENT'S ADDRESS

Mr. President, Fellow Members of the North Carolina Dental Society and Guests:

To this great group of men comprising the membership of this Society, and to those who have gone before us, who had a part in its organization and making; I wish to express my sincere and deepest appreciation for the high honor they have bestowed on me.

The reading of this paper practically closes a year of very great pleasure tempered with some disappointment. A pleasure first: because of the privilege it has been to be associated with such an excellent group of men as comprise the official family and governing body of this Society. And in the second place: because I have had the opportunity of making an effort, however small it may be, to repay the debt I owe the North Carolina Dental Society for its Inspirational and Educational Meetings; its ever increasing desire to elevate the standards of Dentistry and its usefulness to society. Disappointment has come through the many things we hoped to accomplish that have not been fully realized. Perhaps, the greatest of these has been our inability to gain the interest of many dentists who do not belong to the Society and to stimulate their desire to become members. However, the loyalty and enthusiasm of the membership has been most encouraging and if our meetings are of sufficient interest, many of those nonmembers will soon become identified with us.

The Executive Committee consisting of Dr. Z. L. Edwards, chairman; Dr. S. B. Bivens and Dr. W. F. Clayton members, have so enthusiastically worked for the meeting that its success has never been in doubt. The chairman of the Executive Committee has a real

responsibility and when he creates the interest and coöperation of his Committee, as Dr. Edwards has done, he is indeed a splendid chairman. Doctors Bivens and Clayton have contributed much of their time and ability to make this meeting the success it is going to be.

Dr. T. E. Sikes as chairman and his associate committeeman have let little grass grow under their feet. They accepted their job like veterans and went to work, and I think that if you carefully go over the program you will find it very interesting and instructive and when we adjourn, Wednesday morning, you will leave feeling that you have gained much from the efforts of this Committee.

The President-Elect, Dr. Wilbert Jackson, has given his unqualified support. The Vice-President, Dr. L. M. Edwards, has done everything in his power to make the meeting a great success. The interest shown by our Secretary and Treasurer, Dr. N. P. Maddux, the very efficient manner in which the affairs of that office have been taken care of by him, is worthy of the highest praise that is within our power to give.

The work of the Arrangement Committee, headed by Dr. H. E. Nixon, is worthy of most favorable comment. Dr. Nixon and his associate committeemen have worked untiringly to make this the greatest meeting in our history; and I think that their work stands out and will speak for itself.

Dr. Fred Hale who is our Editor-Publisher, has done a great work with the publication of the four Bulletins including the proceedings of our last meeting held in Winston-Salem; and the program of this meeting. I should like to call attention to the fact that he is the first Editor-Publisher to get the Bulletin containing the proceedings out on time for the last several years; and I want to take this opportunity to commend him for his splendid work.

I also want to call attention to the fact that for the last few years our Ethics Committee, headed by Dr. J. S. Betts, has not had much work to do; which I think is more or less due to the fact that our Dental Law is almost infallible. But, what has been brought to the attention of this committee has been handled in a most efficient manner. Dr. Betts is a courageous and fearless leader.

I should like to take up the committees as they come and thank the members of each; but time and space will not permit. However, I do want to say that without the work of each individual on every committee this meeting could not be a SUCCESS.

Because of the fine work done by my associates, the work of the President has been very simple. It is easy to be an officer when others successfully plan and shoulder the responsibility of the meeting. For all this loyalty to the Society and harmonious coöperation on the part of the officers and committees, I am indeed grateful. And to all of you who by your presence contribute encouragement to those who have worked hard to give you a worth-while program, I wish to express my sincere appreciation.

To the incoming President I earnestly pledge my support. I feel that the future has in store a great many things for the Dental Profession—for we have many young men coming along who will fill places of those of us who have so willingly given of our time,

and energy for the furtherance of this great cause, and to them I pledge my whole-hearted support.

With each succeeding year Dentistry is being more and more recognized as a factor in Health. The thoughtful student who is keeping pace with the research and experimental work in this field is aware that we are at last getting our thought and action on a sound and intelligent basis. In place of assuming that infections in the mouth are responsible for *all* the ills that the human flesh is heir to, we are, in connection with the Physicians, trying to study the body as a whole and thus endeavoring to place the blame where it belongs and to conserve all body functions which are not contributing to disease.

In the realm of mechanics great progress has been made. Especially in the study of the gold inlay. We now know that gold contracts 1.25 per cent in cooling. With this knowledge investment materials have been worked out that will in a large measure off-set this contraction. These two facts plus the control of wax expansion and contraction are working to give a technique that assures a more nearly perfectly finished product.

The Division of Dentistry of the State Board of Health, under the supervision of Dr. E. A. Branch, is a real factor in Health Education in this State. Dr. Branch's staff consisting of eight dentists are going in the by-ways and hedges and are accomplishing wonders. I hope every member of this organization is carefully following the work of the State Board of Health. Preventive Dentistry is playing a great part in the health progress of mankind and nowhere is there more being done than in our own State.

But for the fine work of Dr. J. N. Johnson, who represents the Dental profession in North Carolina on the State Board of Health, the Dental Division might have been greatly handicapped this year due to a reduced budget. But Dr. Johnson with his forcefulness, and wisdom has shown the other members of the board the light and thus the work of our department has gone forward.

He has organized in every one of our five Districts the members of the various County Boards of Health, a place created for the Dentist by the last Legislature; so that they may get together at least once a year at the District Meetings to discuss the problems which may arise in their respective counties, and thus be benefited. For the untiring efforts and accomplishments of these gentlemen we owe a debt of gratitude.

The Relief Fund is doing a great work, but it must be materially increased if it is to fulfil the function for which it was organized. It has now been in operation long enough to demonstrate not only its benefits and its feasibility, but also its actual necessity. Our Association cannot afford in this enlightened age to permit any of its faithful members to go to the poorhouse or die of want. The pressing necessity of life in the natural expectance of such things makes it inevitable that certain of our members shall find themselves in their declining days without the means of support, a fact that has already become too apparent. Before the Relief Fund was established, the unfortunate men were permitted to drift with the current, and some

of them doubtless hit a rock before their allotted time or floated in a disabled and helpless manner till the tide finally swallowed them up.

The amount of happiness that has spread since the fund has been in operation can be realized only by those who have benefited. Surely we think that every member of the Association must feel like holding his head up a bit higher when he contemplates what his organization is doing for its needy and deserving coworkers. Up to this date, more than forty of our members have received assistance, and the need is constantly increasing as our membership enlarges and a greater percentage of our men are approaching old age.

To meet this inevitable need, we must build up our Relief Fund till it reaches such proportions that the interest will keep pace with the insistent demands; and this can very readily be done if every member will only do his bit—a bit so very small, so really infinitesimal, that it is almost uncanny to think that there is a single member who will ignore or neglect it.

The growing hostility toward the continuance of commercialism in the educational, professional and civic phases of dentistry is unusually impressive at the present time. The study and thought the rank and file of the profession are now giving to the status of dentistry, in all its aspects, indicates unmistakably that the influences which are retarding dentistry's advance in public respect and appreciation, are on their way to oblivion in our professional program.

It is obvious that those willing and capable to endow dentistry will not become interested in providing funds for dentistry's development and maintenance so long as the dental profession leans on trade houses and their commercial activities for education.

Dentists have awakened to a realization that the so-called free commercial clinic is paid for by them in the long run, and that many times the extent, content and quality of these clinics are confined solely to inflated misstatements in printers' ink. The vast majority of them are conducted mainly to make money, and are characterized by an inferior grade of professional service.

It is a sign of the times, and a very happy one, that the American Association of Dental Editors was created. This organization, whose membership is limited to editors of non-proprietary journals, should be very influential in raising the standard of professional literature.

We are confronted at the present time with a so-called educational publicity campaign, unfortunately ratified by the Board of Trustees of the American Dental Association, many of whom now feel they were misled when the resolution was presented to them. This is simply in step with the advertising dentist and has no place in our program.

The profession of North Carolina as a pioneer in the elevation of dental educational standards is something we all should feel proud of. We took the lead in postgraduate instruction through courses given by the Extension Division of the University of North Carolina. We have our own *BULLETIN*. We are promoting a wholesome and effective medico-dental relationship, and it seems to me, because of our enviable position and love for dentistry, we should be on guard and fight to the last ditch all activities, commercial in character, related in any way to the professional, educational and civic aspects of dentistry.

Into what recesses does not the intruding finger of "Progress" poke? A while ago the legal fraternity began to be interested in that field delicately called "public relations." Several articles made their appearance advocating "selling themselves to the public." Hide-bound traditions inhibit the medical profession from "selling itself." As we are a recognized branch of this great profession we cannot break away from traditions which bind us together as brothers in the great healing art.

Much attention has been paid to the matter of Public Relations; in some instances taking the form of proposing appropriations from the organization's treasury to be used by advertising agents. Along with this activity there was a well-grounded suspicion that astute agents were the investigators hoping to open up a new field for earnings, and in some instances, enthusiasts appeared to aim at breaking down the canon which prevents individual physicians and dentists from advertising.

No report of the past year would be complete without mention of the serious economic crisis through which this country is now passing, and its effects upon the members of this Association. The general decline of commodity prices and the wages of labor has affected the income of each of us. The expense of operating our offices is very difficult to reduce and the growing burden of taxation menaces what remains of our diminishing income. Never has the inevitability of "death and taxes" been so impressed on our minds as recent events, and we are forced to the conclusion that taxes may be the cause of our economic death.

Government revenues are receding, but the pressure for increased expenditures becomes greater. Governments, as well as individuals, must pay their debts eventually, and it requires no argument to demonstrate the absolute necessity of a balanced budget for the financial affairs of this country. This can only be accomplished by an increase in taxation or a reduction of governmental expenses. There is a growing feeling of dissatisfaction with our present system of taxation, and its patent inequalities. The crying need of the future is a coördination of our revenue system whereby some semblance of order may be a result, of which due consideration may be introduced into the fast-growing fiscal chaos, and as a result of which due consideration may be given not only to the total burden of the taxpayer, but also to the respective claims of local, State and Federal finance. The solution of this problem, we leave to our statesmen.

But each of us can lend our influence for a reduction of governmental expenses, and in this case we can start at home. A simplification of our local governmental structure is essential to the reduction in our taxes. We have too many counties in this State, and the consequent necessity of supporting numerous political office holders. The county and municipal governments perform the same service in the same locality. In each county where a city is located, we have two superintendents of public education, two tax-collecting officers, two welfare departments, two sets of law enforcement officers, and many other instances of overlapping duties. The elimination of this multiplicity of so-called public servants can only be accomplished

when the rising tide of public opinion causes the politicians to fear the consequences of further delay along these lines. It is our duty to use whatever influence we possess to create this public sentiment, and at the same time to elect able men to public office who are pledged to this object.

In many states of the Union there are organizations of Dental Assistants which are for the purpose of better equipping themselves to solve the problems that arise in their respective fields. These young ladies have accomplished a great work in their organizations by exchanging ideas and giving clinics on various subjects.

I therefore recommend that this Society sponsor the organization of a Dental Assistants Association as another means of furthering the cause of Dentistry and that a committee be appointed with full authority to act for the purpose of organizing such a society.

In closing my remarks, I wish again to express my sincere appreciation for the coöperative spirit which has manifested itself throughout the four years I was your Secretary-Treasurer, the year I was your President-Elect, and this year which I have served as President.

"Blessed are they who were not satisfied
To let well enough alone,
All the progress the world has made
We owe to them."

(Applause.)

Dr. Paul E. Jones, Farmville:

I am sure that we all enjoyed that fine address by our President. I appoint as a committee to report on the President's Address, Dr. W. F. Bell, Chairman, Asheville; Dr. Clyde E. Minges, Rocky Mount, and Dr. R. M. Olive, of Fayetteville.

I now ask the President to retake the chair.

President Keel:

Gentlemen, we will now proceed with the meeting.

The next thing on the program is a discussion on the relation between the Dental and Medical Professions. I am going to ask Dr. J. Martin Fleming, of Raleigh, to introduce Dr. H. R. Chamblee, of Raleigh, our next speaker.

Dr. J. Martin Fleming, Raleigh:

Mr. President, Fellow Members, during the last few years a young man has come into our midst in Raleigh, and has so endeared himself to us there that we present him without blush to this honored body. I present to you, Doctor Hubert Royster Chamblee. (Applause.)

Mr. President, Dr. Fleming, Members of the North Carolina Dental Society:

A DISCUSSION ON THE RELATIONSHIP OF THE MEDICAL AND DENTAL PROFESSION

During the past quarter of a century or more, there has been severe criticism in the dental profession toward the medical profession, for their failure to recognize and utilize dentistry. This was due largely no doubt to the ignorance of dental science in both professions.

We must admit that dentistry previous to thirty years ago was little more than a trade and dentists generally were considered highly specialized mechanics. This was due largely to low standards and lack of requirements by our colleges and State Boards of Dental Examiners. The medical profession suffered also from the same causes, but not so acutely possibly, as the dental profession. Neither profession recognized as they should the importance of diagnosing and eliminating focal infection in its own or in each others fields. When by experience the dental profession discovered that the removal of infected teeth oftentimes improved the health of patients, there immediately began generally a criticism of the medical science, for their disregard for the need of dental service. Possibly this was unjust as the medical science was handicapped by low standards also. And we must remember that the tonsils and appendices were also neglected and treatments were more or less empirical.

There is hardly any profession spending more time for study courses and post-graduate work than dentists. Dental science is now recognized on an equal footing with any other specialty in the department of medicine and surgery.

It is a sad state of affairs in localities where discords prevail in the professions; as the laity as well as the professions are the sufferers. The need of dental service by the medical science should not be disregarded. The dental practitioner's diagnostic ability of oral diseases must not be underjudged and challenged too often by the physician, as the dentist usually recognizes the variations of the physiologically normal mouths, but cannot always give an explanation for the abnormalities he encounters. It is just as injurious to the harmony of the two professions for dentists to encroach into the medical field, attempting to diagnose and advise treatments of tissues not pertaining to dental science. The medical profession is the mother of all branches of the art of healing diseases, and she is rightfully a jealous mother, who stands ready to fight trespassers.

The responsibility of the dental profession begins with pregnancy, the child at birth, and continues throughout life. When the expectant mother presents herself, a careful study of oral conditions should be made. Only necessary dental operations should be performed at this time, but she should be educated to the value of a proper diet, since her oral tissues and the normal dentition of the unborn child are at stake. The patient should be advised to seek the guidance and care of a competent physician. The physician in turn should

have the oral cavities checked periodically by a competent dentist, and the findings, if important, compiled and studied. Since the mouth may be considered the indicator of the general health, careful oral examinations may reveal important abnormalities during pregnancy. The old adage, "a tooth for a child," should be lived down, by scientific care of the expectant mother.

It is advisable to begin the foundation for the dental education of the child soon after birth. The mother should be encouraged to place the infant under the care of a pediatrician at an early age. This is not only important from a general health standpoint, but is a preventive dental measure. Good health means normal dentition, and preservation of oral tissues usually. The pediatrician should have the baby patients' oral cavity checked systematically. The dentist will be able thus to discover incipient diseased tissues and can make necessary repairs and treatments. Since the mouth reflects general health conditions, the dentist can give the pediatrician valuable information regarding the general health of the child patient.

The adult presents the greatest problem to the dental profession. These problems are so varied and complex that the dental practitioners generally become discouraged by the findings, treatments, and the results expected. The mysterious "infection," pyorrhea, with its trail of contradicting theories, as to the causes and treatments, is found generally in the adult. Also diseased teeth, apical abscesses, and other abnormalities, with volumes of theories, as to the causes and treatments of same.

When the dental profession wakes up to the fact, that children who are cared for scientifically are usually free from tooth decay and other diseased tissues in his field he will no doubt get a glimpse of dentistry as it will be practiced in the future. (Preventive dentistry.) This will be brought about by the united efforts of all the various branches of medical science.

The practice of scientific dentistry demands that we utilize every phase of modern medicine, surgery, and dentistry. The future development of dentistry, lies in the fundamentals of medical science; in the coöperation of the bacteriologist, pathologist, physiologist, chemists, and in a careful study of immunity, heredity, and other subjects.

The mechanism of the human body is so intricate, so complex, that it is not humanly possible, or practical, for one to try to know thoroughly, all of the body and conditions concerning the various organs and tissues, therefore the specialists.

Dentistry is a special branch of medicine and is assuming its logical place in the medical clinics each year. There is no field of more importance than the mouth. One hundred and twenty-five cases of systemic diseases have been traced to the mouth. A large per cent of infection that we are afflicted with can be traced directly or indirectly to the entrance of micro-organisms into the mouth and nose.

Medical science in realizing the value of early diagnosis of diseases and in doing research work, in an effort to make early diagnosis, are probably neglecting the oral cavity as a diagnostic aid. The mouth, I believe, should be considered the index as to the general health.

The gums are beyond all question the first index of incipient disease. I am strongly convinced that we seldom ever find a true case of pyorrhea in a normally healthy individual. It may be true, however, that the constitutional defects have not been discovered.

One hundred and fifty years ago, John Hunter, Surgeon Extraordinary to the King of England, tried to blend dentistry into the school of medicine. He wrote, "which ever of the connected parts be originally diseased, the teeth are quickly the greatest sufferers." Generally, we are just beginning to realize that departure from normal is more often found in the development of teeth, gums, and jaws than any other tissues. Since a large percentage of these cases cannot be attributed to local causes, the constitutional etiology theory appears most plausible.

If the departments of medicine do not work as a unit in the quest for the etiology and proper treatments of diseases, they may be likened to the proverbial saying, "A house divided against itself shall not stand." That is to say, the efficiency of each branch will be dangerously impaired, if separated.

The dental profession should ever be grateful to the dentists of the past and present who, by their tireless efforts, placed dental science from a trade to a profession. Most respectfully should be remembered the physicians who first courageously accepted dentistry as a branch of medicine, as Dr. Hunter of England and the Mayo Brothers of the United States. This acknowledgment was necessary for the acceptance of dentistry generally.

There should be a definite program for the progress and service of dental science. I emphatically believe that a program stressing preventive dentistry, promoted by dental societies, through the co-operation of the departments of modern medicine and surgery, is most indicated and timely.

(Applause.)

President Keel:

Dr. Chamblee, we thank you very much for this fine paper. Gentlemen, the paper is now open for general discussion.

Dr. G. F. Hale, Raleigh:

Mr. President, I move you Sir, that all visitors be allowed the privilege of the floor.

This motion was duly seconded, and unanimously carried.

Dr. C. E. Abernathy, Raleigh:

Mr. President, Dr. Chamblee's paper, to my mind, is most timely; in fact, any subject that has for its purpose the welfare of our patients is timely, not only as a paper, not only in the program, but in our practice and in all of our contacts.

Now we know that the diagnostician needs the oral surgeon, and the man in general practice needs the physician, but my experience teaches me, and I believe all who are doing work with children under thirteen will agree, we are trying to get away from any other thought except preventive medicine. We are hoping that we are not thinking so much about a focus of infection, rather we are trying to focus our attention on the prevention of infection.

So I say, that any paper or any program that will bring us closer together is timely. We certainly need coöperation in practice and teaching preventive medicine. Gentlemen, we need it, we need it from the teachers in the school, we need it from the parents, we need it from nurses, and we need it from physicians.

Now, I have in mind, particularly, the run-about child. After the child gets in school, why we do have the coöperation of the teacher and the nurse, where they are examined regularly by the nurse and where the interest of the teacher has been aroused, they are not as big a problem then as the run-about child. Now, if teeth are lost, somebody is at fault, and the blame can be placed either upon us, maybe in a great part upon us, but quite often the blame falls upon the parents. If it had a well-informed parent, maybe it's because she is a run-about parent, because in this thing we need the coöperation of everybody.

I notice that Dr. Chamblee, in reporting the progress of the dental profession, says that we are closer together. In fact we are closer together. We should be very proud of that. We are making and have made enough progress that we are getting the recognition which we deserve in the medical profession, and it is only through the service that we render to our patients that we usually have this opportunity. But we have various means of bringing about closer contacts. The physician needs the dentist, but the dentist no less needs the physician, if he is to satisfactorily serve in the program for the health of the children today. Service to our patients is the thing that wins recognition from the patients themselves, from parents, and from physicians.

We have, as I said, many things to be proud of in dentistry, of our progress, and one thing is that they are not thinking so much about curative measures now as they are preventive measures. I talked with a number of physicians on the subject of Doctor Chamblee's talk. I wanted to get their viewpoint on it. You know, lots of times we don't get exactly what a man

is thinking. So I went to these representative men, men I knew were friends of dentistry and who had their patients' welfare at heart. Now I had heard occasionally the dentist, from time to time, who would feel that sometimes the medical man does diagnosing in his, the dentist's field, instead of sending him the patient and leaving the responsibility of the diagnosing, where it belongs, on the dentist's shoulders, for the diagnosing of that mouth. So I was surprised when two or three men brought out this point to me, in substance this: That if there is an inferiority complex in dentistry, rid yourself of it, because we are recognized by the medical profession, by the physicians. We are recognized. And these men told me, that when they refer a patient to you, the dentist, that that is his patient; the responsibility then is his for the diagnosing of that mouth. An entirely new angle, you see. So, one man said to me this, "Then why will the dentist come back to me with X-ray pictures and say 'Doctor, what do you think about this?' What do I know about whether a tooth or teeth are capable of bearing stress, as an abutment for a bridge?" So they said to me, "Assume your responsibilities, and certain physicians would place more responsibilities on you."

And the way to have better contact with the physician is by assuming these various responsibilities which I have just mentioned, by papers on our programs, by joint meetings. Now, there is one arrangement that I think is a mighty fine thing, in Johnston County I believe it is, where they have dentists and physicians belonging to one society. There is an opportunity for closer understanding and coöperation for the patients' welfare by that arrangement. But I do not believe there is any better way, no better way of promoting a closer understanding, no better way of promoting harmony in our profession, than through the service we render our patients in the office.

I enjoyed Dr. Chamblee's paper a great deal. (Applause.)

President Keel:

Is there any further discussion of this paper?

Dr. K. L. Johnson, Raleigh:

Mr. President, Members of the North Carolina Dental Society, Ladies and Gentlemen: Dr. Chamblee has brought to us a most ably presented paper about a subject which I feel that every dentist and every physician is vitally interested in. I

know that the dentists are and we hope that the physicians are.

That brings up possibly the only point left, which Dr. Abernathy didn't stress—well, he did stress that, some—but that is the education of the physician. That is the thing that we, as dentists, must do. Now, how are we to accomplish that? Mainly and particularly by the treatment we give the patients that the physicians refer to us, and the patients, whether sent to us by a physician or not.

It has been my privilege to work among seven or eight physicians for the last few years, and I have found that with a little coaching those physicians were very very responsive. In the first place most of them are a little over enthusiastic; I had to exert a little pressure on the conserving side. Yet I think the average physician is unmindful of what the responsibilities of the dentist are; and what we dentists must do is to handle our patients in such a scientific manner and render to them such a service that the physician will be compelled to sit up and take notice. Now, how are we to do that? In the first place I would suggest that we be so thorough in our examination that there will be absolutely no doubt about our results, and make a written report of our examination and findings, with our recommendation to the physician that referred us these patients. Or, if the physician did not refer the patient, refer the patient to a physician when you feel that it requires the services of a physician. If we will do this, that is stress our findings, our pathological findings, with our recommendations, sending that to the physician in a written form which he can place in his files, I am sure that no physician will disregard what we have told him. And if he has not been accustomed to this procedure, I am certain he will sit up and take notice, and it will possibly make him more dentally conscious in the future than he has been in the past.

Dr. Chamblee, I enjoyed your paper very much indeed. I thank you. (Applause.)

Mr. Ralph Burns, Atlanta, Georgia:

Mr. President, I am awfully glad to hear a paper of this kind before a body of dentists. The unfortunate thing about it is, that it couldn't have been given before a joint body of dentists and physicians. I think some of the points that have been brought out here about the education of the physicians

are fine. At the same time, there have been some expressions used here that I just don't like to hear. One of them was used by my good friend, Dr. Abernathy, the phrase "inferiority complex." It seems to me that if we could just forget that there were any such words in the English language and leave them out of our vocabulary that we would be just that much better off. I do not think we will ever be given the respect we are entitled to if we are continually crying for it from the physician whose respect we solicit; but the main thing, I think, is that we should not demand that respect, but command it. You can't demand respect, you have to command it; and if our equipment, mental and otherwise, is such as to command that respect, we are going to receive it, and not before, and not until then are we going to receive that.

And so I think that the point here as brought out by Dr. Johnson is very timely, and that is if we so equip ourselves and so carry on our own work as to demand the respect we are all crying for, I think we will get it.

Now, as I came into the hall, I happened to be talking to one of the local physicians here. He stepped up to a table where there is a fine display of dentistry, and some complimentary remarks were made by him and a fellow physician. He said, "Well, the dentists are certainly up with the times, and possibly more so than the physicians." I said, "Well, if you take that as an evidence of it, I think you are missing the keynote of dentistry. The keynote of dentistry is prevention, and that represents repair, or restoration."

And so, I think that if we will key ourselves to that point where we are preventing, rather than curing, that we will obtain a respect and be entitled to our position which I think we have earned, and which we won't be crying for. I find this, that the man who is entitled to respect, gets it, no matter what field he is in. I thank you. (Applause.)

President Keel:

Is there any further discussion of that paper?

Dr. J. N. Johnson, Goldsboro:

Mr. President, I just wanted to say to you gentlemen, that as I caught the context of Dr. Abernathy's paper, he referred to inferiority complex as something that existed twenty or thirty

years ago. And he was absolutely right about it. But there are no such words now in the nomenclature of our profession as inferiority complex.

I am intimately acquainted with the leading physicians of the State of North Carolina, and I want to tell you gentlemen whenever they meet me those words just ain't in our vocabulary (laughter). It carries no such thing, nor should there be any such thing in a dentist's mind as being inferior to anybody or anything in his particular line. Why? Because he is a specialist in that particular thing. The physician knows very little about dentistry, with the possible exception of the men specializing in eye, ear, nose and throat work.

Now, just the other day, when a physician sent to me a patient for X-ray findings, I sent him a duplicate copy of it, and the material of it; and I always write on it, "Hold before the light to read" (much laughter). One of our very best physicians, one of the most able men in the State, asked me the other day, "Johnson, you have been sending me those things for years, what in the hell do I know about it when I hold it to the light? I don't know what it is when I see it." Now, he was honest about it, he didn't know anything about radiodontia, that wasn't in his field. He said "When I send them up there to you, I expect you to make the diagnosis," and I said "I do, and when you send a case to me it's going to be carried out as I think it should be, and not as you think it should. I want you to know, Old Boy, that you don't do any of my thinking. But, when you send a patient up there, I extend you the courtesy of sending you my findings. I know very well, when I write that down there 'Hold before the light to read' that you wouldn't know a darned thing about it, but that is just a courtesy," (laughter).

I enjoyed Dr. Chamblee's paper, and the discussions by Brother Abernathy, Dr. Johnson; and Dr. Burns, who is a brilliant man. He has got the keen inception on any question in his mind, and he walks right into it, and he reasons it out just as it should be. He is a natural teacher; I am not; that is his business. I wish I could just step out and take advantage of what he knows, because I have wanted his course for a long time. And it is always a great satisfaction to have him in our meetings and to hear him discuss a question that comes before this body, because he turns a lot of light on, which I want.

I want us all, from now on and forever, to forget the words "inferiority complex." There are no such darn words in the English language. (Applause.)

President Keel:

Gentlemen, we want you visitors to feel that you have the privilege of the floor. We extend you a most hearty welcome to rise at any time and take any part you desire in these discussions.

Dr. P. E. Horton, Winston-Salem:

Mr. President, I want to say that I enjoyed Dr. Chamblee's paper very very much, and also the discussions we have just heard.

I want to take issue with one remark that I think Dr. Johnson, of Raleigh, made. And that is that the medical profession do not recognize focal infection in the mouth or do not stress it. I want to say that in our town particularly that, in my experience, they do express it very decidedly and they coöperate with the dentists very cordially.

Sometimes the physicians, in our town at least, are prone to find possibly too much oral focal infection than too little. They sometimes want to dictate to the dentist what teeth to extract and what teeth should not. I had one patient in mind who had something go wrong with her, and she came to me, and one tooth did not look particularly well, I will grant; but I X-rayed her whole mouth and found nothing wrong with that particular tooth, although it didn't look well in that its color was not as good as it should have been. But the tooth was not a source of infection at all, and I said as much.

The patient did not get well, immediately, and finally she came back to see me again and she told me that Doctor So-and-so said she must have that tooth out. Well, I having known the patient for a good many years, I said "Mrs. So-and-so, of course it's your tooth, and I am saying one thing and your physician is saying another; now it's a question of which you think possibly the most of." Well, this is the sequence to the thing, she says "Well, I am just afraid that Dr. So-and-so will not come to see me any more unless I do have that tooth removed." I said, "Mrs. So-and-so, it's your tooth, and if you want it taken out, rather than have you go to some other dentist to have it taken out, why I will take it out for you," which I

did. Unfortunately, subsequent to that, she found out that her focal infection was elsewhere, and she came to me and apologized and said she was very very sorry she had the tooth removed. Some physicians and also some dentists are prone to overdo this thing to some extent.

I think probably we will some day see that the coöperation between the physician and the dentist is the thing. And frequently the oral condition of the mouth is due to a large extent to faulty metabolism which needs correction, both from the physician's standpoint and then the assistance of the dentist, or vice-versa. I thank you very much. I enjoyed the paper. (Applause.)

Dr. T. Edgar Sikes, Greensboro:

Mr. President, and Gentlemen, there is just one short thing that I would like to inject into this. The proof of the pudding is the eating thereof. I would like to see the day come when we would quit poking fun at the medical profession and make remarks about educating the physician, and vice-versa.

I believe the secret of coöperation and the final analysis of a thing is based upon two points: First, a correct diagnosis, and, as the gentleman has said, made out in detail and given to the physician. This diagnosis, by the dentist and followed by the physician to the end of the results, when you have done a piece of work and done it in coöperation with your physician to the final analysis of that thing, he either knows whether you are right or whether you are wrong. If you are right, he is pleased, if you are wrong he forgives you. And in that way it will eventually bring full coöperation between the dentist and the medical man. (Applause.)

Dr. E. M. Medlin, Aberdeen:

Mr. President, there is just one point that I want to bring out. Dr. Burns hit on a suggestion that has been very apparent to me for a long time, and that is the fact that it seems to me that the dentists have been doing more crying for coöperation than the medical man. It seems to me that it would be a good thing for us to demand this respect like they say and get to the place where our patients will come to us with reference to a physician, instead of their going to the physician with reference to a dentist.

The idea of educating the physician is a very good one, and very timely. If you will pardon just one recent personal experience: A very prominent doctor in my section, a man who should know better; I was talking to a patient of his at a weekly luncheon last week and this man said, "You don't look as bad to me today as you did last Wednesday." I thought it was probably all right, because I admit I don't look so "hot"; but it wasn't that. He said, "I thought I was going to have to come down to have you remove some teeth for me, but I went to my physician and he X-rayed my teeth and told me that I was perfectly all right from that standpoint." So I think the suggestion of educating the physician is all right, if you do it tactfully. I enjoyed the paper very much. (Applause.)

President Keel:

Is there any further discussion of this subject?

Dr. Wallace Gibbs, Charlotte:

Mr. President, I have just one thing. I merely wanted to express my appreciation as a member of the dental profession of the paper that Dr. Chamblee gave, and I want to say that in my opinion he is exactly right. So far as the mouth being an integral part of the body, it has been to me for so many years that I can't conceive of the dental profession a number of years ago considering it, as I believe they did, so much detached to be worked upon. I made the statement in a talk about five years ago, at a district society meeting, that there were possibly fifty or more—merely guessing—diseases of the mouth. Whereas we had considered most of them as pyorrhea, Vincent's, and possibly what is called gingivitis. And I was glad to hear Dr. Chamblee say there were perhaps a hundred and twenty-five different physical infections there.

I enjoyed his paper so much. It was quite timely, inasmuch as I am going to make a talk along that subject of diseases of mouth lesions. And I want to say that I also enjoyed the able discussions of his paper, on coöperation between the two professions. I can't conceive how they are anything but one profession any way.

President Keel:

Is there any further discussion of this subject? If not, I will ask Dr. Chamblee to please close the discussion.

Dr. H. R. Chamblee, D.D.S., Raleigh:

Mr. President, I wish to thank these gentlemen kindly for their discussions. In conclusion I have only a few remarks to make. I have tried to prove that dentistry, if it is to accomplish what it should in the future, will be done through the co-operation of dentistry, medicine, and surgery. I think more time should be spent in the study of and in research work for preventive dentistry.

I have some slides here, just three or four, that will illustrate some of the points I have tried to bring out. These slides, I feel, illustrate the exceptions rather than the usual happening, but these are the things that we are working to eliminate. I don't know whether these slides are going to show up or not, as they haven't been tried in the machine before. If not, I had rather think it was the machine and not my pictures (laughter).

(Slide.) This is pyorrhea, what I would term the worst cases, about those molars. There is pus around those teeth. This patient was about forty-five years old, and suffering from toxæmia. He came to me, first. I made the pictures and recommended wholesale extraction. He wanted to go to his diagnostician who, by the way, is considered a very competent diagnostician. He carried the pictures and then he came back and told me that his diagnostician had told him, that if those teeth were in his mouth he would not have them removed. I went down and argued with the diagnostician, and he didn't give in. But those teeth are out and the patient is better.

(Slide.) Now, these are exceptions, but these are the things that we are trying to prevent. Here we have pyorrhea. Next picture (Slide) and the next (Slide). These are all pictures of the same mouth. Gentlemen, this patient is a lady about forty years old suffering from rheumatism; she went to a clinic that we consider normally the best clinic in the country. They did not make an X-ray of her mouth at this clinic. I ran into this accidentally. I was looking for something else and ran into this.

(Slide.) Now, this is another picture, this is just a simple impaction. This patient is the mother of three or four children, a lady (much laughter), about thirty-eight years old. She has been all over North Carolina, to various physicians, whom her friends have recommended. Everything from abscess to cancer and she had been referred to Doctor Coleman, of Richmond.

Her mouth had never been X-rayed. I will have to admit that I ran into that accidentally, that is, in routine practice, I was not looking for it. And that was removed, and the patient is practically well. Those are unfortunate occurrences, and I am glad that we don't very often now see occurrences of that kind. (Applause.)

President Keel:

Thank you, Dr. Chamblee. I am sure that we all enjoyed this paper and the discussion.

Gentlemen, we have some announcements to make; is Dr. Nixon in the room? If so, please come forward.

Dr. H. E. Nixon, General Chairman, Local Arrangements Committee, Elizabeth City, made some announcements as to the entertainment planned for the members of the North Carolina Dental Society, and their Ladies. (Applause.)

President Keel:

Gentlemen, I am sure that we appreciate Dr. Nixon's announcements.

Any of you who are in this room who have not registered and received a badge, I am asking you to please do so before you return for the next session. I am also asking you to please wear your badges all the time, so that we may know who has paid his dues and who is entitled to be in this room.

Gentlemen, Dr. David T. Smith, tomorrow morning, will give us a very interesting lecture, and it will be just immediately following the breakfast. I hope that every one of us will avail ourselves of the opportunity of hearing Dr. Smith.

We have some exhibits out in the mezzanine here, and it behooves each and every one of the North Carolina Dental Society to call and take up a little time with these fellows who have come here, giving of their time and expense, in order to give us these exhibits. So please, everybody, stop and register with these exhibitors. They will appreciate it. It will mean so much to us next year, in trying to secure more exhibits, and the more registrations they get the more exhibits we will get next year; because this is taken up through the American Dental Trade Association, and they say who is to come and who isn't to come; so please everybody register, whether you are a member or a visitor, or lady, or whatever you are.

We will now proceed with our regular program, and I will ask Dr. W. F. Clayton, of High Point, to introduce our next speaker.

Dr. W. F. Clayton, High Point:

Mr. President, Gentlemen, Members of the North Carolina Dental Society: Some three years ago, down in Atlanta, a young man was graduated. Being inspired by a desire to further equip himself in the practice of a special line in dentistry, children's dentistry, he received an appointment in the Forsyth Dental Infirmary for Children, at Boston, Massachusetts. Some would call it his good luck, but I would term it hard-earned success. Dr. Rogers was singled out from a body of fifty or more men to be chief of the Dental Infirmary at the Forsyth Foundation; and today Dr. Rogers is before us with a paper entitled, "Some Practical Points on Children's Dentistry."

This information has been gained over a period of twenty-two years, contact with children, contact by a large foundation, and I am sure that Dr. Rogers has information for us that will be interesting. Today I think, in the face of our progress as a profession, if an indictment should be brought against the dental profession, and I speak specifically of the North Carolina dental profession, the most probable accusation would be neglect of children's dentistry. I say that because, during the past three years I, myself, have examined more than six thousand children's mouths and worked in the mouths of more than six thousand children, and as we see we must believe. Seeing that, is believing, and feeling is the naked truth.

Only last week, in High Point, N. C., I examined a pre-school round-up, and out of this group of 153 children the examination revealed that only 21 out of the 153 did not need operative dentistry, actual operative dentistry in their mouths. These children had not reached the seventh birthday. We, as a profession, must sit up and take notice of that.

It gives me genuine pleasure to introduce to you, Dr. Fred H. Rogers, of the Forsyth Foundation in Boston, Massachusetts. (Applause.)

Dr. Fred H. Rogers, D.D.S., Boston, Mass.:

Mr. President, Members of the North Carolina State Dental Society, and Guests:

SOME PRACTICAL POINTS ON CHILDREN'S DENTISTRY

As my experience and observation of cases have been entirely confined to the Forsyth Dental Infirmary, I feel it necessary to give a brief outline of its history and methods of procedure.

Through the efforts of Dr. Ervin A. Johnson, Mr. James Bennett Forsyth, a successful inventor and Boston business man, became interested in the dental welfare of the children of Boston and the surrounding communities.

Mr. Forsyth decided to establish a place where children could receive dental care even though their parents could not afford to pay for it. He outlined a bequest in his will, but died before deciding upon the amount and before signing the will.

His two brothers were appointed administrators of his estate. Being inspired to carry out the unfinished plans of their brother, they not only set aside the amount they thought he had intended to give (about half a million), but they also added very largely from their own wealth, and founded the Forsyth Dental Infirmary.

In 1910 the infirmary was incorporated, a board of trustees formed, and a plan was outlined. A plot of ground was purchased and a beautiful building was erected with a total cost of about three-quarters of a million dollars.

From time to time the Forsyth brothers made contributions until the endowment reached nearly two million dollars.

The work is now under the able direction of Dr. Percy R. Howe, assisted by his various committees.

The aim of this institution is to aid in all defects of the oral cavity, teach the principles of oral hygiene, and to make every effort to determine wherein lies the prevention of dental defects. All children whose parents cannot afford a private dentist are eligible and accepted for treatment.

Not only has the infirmary benefited the the children of Boston and vicinity, but it also acts as an educational centre for young dentists who desire to become proficient in Children's Dentistry.

A research department is maintained for the study of dental diseases, and the policies of practice are largely based on these findings.

Now, if I may be permitted, I would like first to speak of child management. This is not as difficult as it seems, especially if you have a definite plan of going about it. It has been said that in a dental chair children like to be treated like grown-ups and grown-ups like children! In some cases this is true, but in handling children there are two prime factors to be remembered—kindness and firmness. Of course, kindness must come first. You must be kind to the child, yet sometimes use a reasonable amount of firmness. Success in handling children will continue only as long as you work these two factors together. Some children will, at the very start, begin to take advantage of your kindness. Of course firmness will have to be resorted to at once.

In my position, it has been my good fortune to come into contact with a great many of these so-called unmanageable cases, and, in many instances, they have not all been children who were afraid, but just stubborn and spoiled. As we handle between two hundred

and two hundred and fifty children each day, I see quite a number of these difficult cases, and very few have to be sent away as refused treatment.

A nurse will come up and say "I think it will take three or four to handle this child; he's a terror." This can usually be traced to home training, regardless of the child being afraid or disobedient. If the child is afraid, this can be overcome in most cases by a few minutes of kind talk and explanation. If the child is of the stubborn type, firmness must be resorted to. This procedure is simple. Explain to the mother that a little force will have to be used, politely asking the parent to remain outside the operating room as mothers are the biggest handicap in handling children. Place the child in the chair firmly but kindly, and place a folded dental napkin over the child's mouth. Surprising as it may seem, the procedure has a very marked effect. The child is not hurt, but made very uncomfortable for a few seconds. In all probability the child will try to kick and fight for a short time, but like breaking a colt, let it kick and you will soon have a nice quiet little patient. Remove the towel and pleasantly ask the child to take a drink of water. Then ask the child to open his mouth, and in most cases he will. This may, in some cases, have to be repeated, but the operator will win, and soon the child will decide that it is of no use to continue. Surprisingly, some of these types make the best patients, and at other sittings you can do operations that may be unpleasant to them. You must be very careful not to do any operations at this first visit which will cause pain. If nothing else is done except winning the confidence of the child, this first visit is a success. It not only shows the child that you mean to be kind although firm, but that it is much better to endure a little pain without complaining as the work must be done.

This procedure is not original with me, but is used with much success and advocated by Evangeline Jordan, Robotham, McBride, S. D. Harris, and others.

Another great help in handling children is to allow them to ask questions. Don't be afraid of their wasting your time. Even the most time spent answering these children's questions does not amount to as much as you give your adult patients in letting them rave over some of their golf stories, etc. When all is summed up, the adult takes more working time away from the chair than the child. Talk about the things which may be of interest to the child. It is easy to find out the things they like. Just let yourself drift into their frame of mind and they will make excellent friends. A very interesting thing for the young patients is to twist a few cotton pellets around the engine cord. Watch the expression on the child's face and see how it pleases him. Some will compare it to a dog, rabbit, or a race of some sort. It is the little efforts which please the children and make it a pleasure to them to visit your office.

After gaining the child's confidence don't abuse it by careless and painful operating. It is easy to lose all you have gained by careless tactics. Treat the child with at least as much consideration as your older patients. Remember that the children are the adult patients of tomorrow.

Dentistry for the children can be done with a very small amount of pain. In going through a few points in cavity preparation it is wise to think of children's dentistry as being just a little different from work on adults. If this were not true the colleges would not be adding to their course a separate department of Periodontia. The form of the deciduous molars, for example, is very irregular and does not run as true to form as do the permanent teeth. No definite class of cavity preparations has been outlined for them. In outlining his classification, I doubt if Black ever had the teeth of the child in mind. Of course, you want to follow his classification as near as possible, but very seldom can it be done without injury to the pulp. One great thing to remember is to stay away from the pulp tissue, as it is much easier to stay away from it than to treat it.

I would say that the important thing to have in mind when preparing deciduous teeth is the removal of as much decay as possible, without involving the pulp tissue and getting the retention as best you can.

It is an excellent idea to work behind Phenol compound, as it acts as an abatement. In applying a little to the cavity before or during drilling you will find that there is considerably less pain to the patient. Don't try to lift out all the decay at once, but take a small bur and go around the edge of the cavity. Then with a sharp excavator lift out the decay by small layers. It will sometimes take two sittings to prepare the cavity. If it does, remove as much decay as you can until the tooth becomes sensitive, then seal in Beechwood creosote or Eugenol. Let it stay until the next visit, and you'll find that the cavity can be prepared with a minimum amount of pain.

Cavity preparation differs in accordance with the type of filling material used. When using silver amalgam you must have retention which is best gained by dove-tailing the occlusal.

Copper amalgam is considered the ideal filling for children and does not require as much extension. Its disadvantages are offset by its low coefficient of expansion and contraction, and its germicidal action. Its disadvantages are its color, slow setting, and tensile strength.

In sterilizing cavities, silver nitrate is one of the best agents that can be used. In some instances it is almost impossible to remove all of the decay and get retention without injury to the pulp. If a small amount of How's Ammoniacal Silver Nitrate is applied to the cavity and allowed to remain for two or three minutes, then reduced with the formalin solution, the cavity is rendered sterile and the filling can be inserted. In many cases, active caries has been retarded and upon later examination a secondary dentine has been found to be laid down which is just as useful as the true dentine. I am not advising carelessly leaving decayed tooth structure, but is it not much better to try and save the tooth this way rather than get an exposure? This method of treatment will save lots of six-year molars which are so valuable to the child and which otherwise might have to be extracted or have the root canals treated. When this silver nitrate solution is reduced by the formalin solution you have a true metallic silver which has not only stayed on the surface, but the

silver has also penetrated the tubules of the tooth. This deposit is highly germicidal.

In observing quite a few teeth which have been affected by fever and are lacking in formation so as to prevent cavity preparation, I consider that it is well to preserve these by applying silver nitrate and reducing it until you get a mirror-like effect of the silver deposit. This will not only preserve the surface, but will prevent much sensitiveness which is almost always present with such teeth. When the child is old enough, it is wise to prepare these teeth for crowns of some sort.

In the capping of pulps of deciduous teeth the chances are always against you. These cases have to be very carefully selected. Very few will respond to treatment, and if examined in a few weeks will be found to be dead and putrescent.

For the treatment of pulps of infected permanent teeth for children we are using with much success Dr. Howe's Silver Reduction method. This procedure is simple and very effective. In using this treatment in anterior teeth, it is essential to coat the coronal portion heavily with cavity lining before introducing the solution into the canal. This is done to prevent discoloration.

In outlining this technique briefly, I take no credit, as it was brought out by Dr. Howe several years ago.

The tooth is first X-rayed. The canal is opened and cleaned by means of a broach. In children, the canal being larger than in adults, one has little trouble in reaching the apex. If the tooth is abscessed, it is good policy to apply a small amount of silver nitrate and reduce it in the usual way, as this breaks up putrefaction. Allow it to drain. At the next sitting isolate the tooth and apply a small amount of the silver nitrate solution to the canal, forcing it to the apex with a canal drill, being careful not to slop it out into apical regions as it will cause pain just as any other root canal treatment would if applied carelessly. After waiting two or three minutes, apply a drop of the formalin solution and carry it into the canal as was done with the silver nitrate. In the reaction of this you have a metallic silver deposit which has penetrated the smallest openings in the canal. Of course, formalin is highly irritating, but after the reaction there is no formalin. If there is any doubt, you can place another drop of silver nitrate in the canal which will react with any formalin which may have been left after the first reaction. After two minutes apply a drop of eugenol which will react any silver nitrate that might have been left, and thus leaving metallic silver and maybe a trace of eugenol of which neither is irritating.

The canal can be filled with any root canal filling you may desire, either plastic or otherwise. We use Chloro-percha. An X-ray is then taken to determine the correctness of the filling. Then a temporary filling is inserted and allowed to remain about three months. After that, if the tooth has responded satisfactorily to the treatment, a permanent restoration can be inserted.

I would like to give you a report of a case which came to us a few months ago.

A boy, eight and a half years of age, had a left superior central incisor injured in an automobile accident. It was knocked from the

socket and was only supported by the soft tissues so the child could not close his mouth. The mother took the child to an oral surgeon who said that the chances were very poor, but that he would do what he could with the case. He placed bands on the teeth on either side of the injured one, and wired the tooth back in place. After about six weeks, the child was referred to us for treatment of the canal. We opened the tooth in the lingual, and with much care, as the root end was far from being calcified, we treated it by the method stated above. The tooth responded wonderfully, and later check-up pictures show that the tooth is in singularly good condition. If that tooth gives service for only five or six years, has not that been a great service to the boy, and well worth the time? The canal could not be filled completely, as we were afraid of forcing the chloro-percha into the apical tissue and causing trouble. We know that in a root-canal treatment there is some apical absorption, so we expect the tissue to fill in very nicely.

The X-rays of this case may be viewed at my table clinic.

If a tooth has to be extracted before the time of its exfoliation, the space left should be maintained by space retainers. There are many types of these space retainers which are easily made, some consisting of bands for the teeth on either side and soldering a wire which will join each band, thus maintaining the desired space. This will prevent malocclusion in many cases.

Dr. R. C. Willett of Peoria, Illinois, has done some wonderful work along this line.

Another great cause of malocclusion which is very much overlooked by many dentists is the abnormal superior labial frenum. This is an attachment from the fold of the mucus membrane to the membrane between the maxillary central incisors. It often goes between the incisors and attaches itself to the rugæ of the palate. It is frequently over-developed, and can easily be noticed. When the lip is raised, the tissue becomes white, which indicates its attachment and abnormality.

This causes the centrals to deflect from the median line, and the child's appearance is greatly affected by it, but it can be corrected easily. The operation is simple and causes very little discomfort. The area is anaesthetized and the frenum dissected out, being clipped off at the fold of the lip. It is not necessary to use a suture as it will heal rapidly and cleanly.

Some advocate a cautery, but in cauterizing, there is danger of the tissue reuniting.

Forsyth maintains a nutrition department where the mothers and children are advised as to the character of the diet which tends to build sound teeth or to arrest caries.

The records of this department disclose some interesting and suggestive facts. For example, a study of the history of the children shows quite uniformly that those who have had the advantages of a good diet during their prenatal and infant life have broad arches and sound teeth, while the converse is true in the average case. When children who have come into our hands coöperate in the matter of dietary suggestion it has been found that caries has been appreciably arrested so far as we can tell from a two-year record. I have

a few of these case records with me if any one interested would care to look them over.

Also, in a few cases where no operative work has been done and the dietary suggestions strictly followed the carious teeth have healed as evidenced by the deposit of secondary dentine in the cavities.

The attempt to make a fundamental preventive effort by means of dietary correction is the direct outcome of the study on dental conditions which is carried on in the research laboratory. This research has been carried on since the infirmary was opened.

The effect of Vitamins A, C and D deficiencies and of mineral deficiencies has been especially studied and the results published. I would refer you to the general dental and medical literature for an account of the resultant pathology.

The diet of the mother during pregnancy plays an important part in the welfare of the child's dentition. At birth all of the deciduous teeth are calcified, also the cusps of the six-year molars and tips of incisors, therefore we realize that the important time to supply the tooth-building materials is during the prenatal period. The mother frequently stands between her baby and nutritional disaster. She builds the teeth of her child during pregnancy, and if she does not give the proper attention to her diet, nature tends to take from her blood supply, bones, and even the teeth themselves the needed minerals for the growing infant. She should choose her food wisely, and prepare it thoroughly, for it is not the amount of food taken that is important, but the amount assimilated. The pregnant mother should "eat for two," not in quantity but in quality, so as to supply the necessary minerals, vitamins, and other body-building foods to the child, for only through the mother can the fetus receive nutriment. Calcium should be supplied abundantly, and the best source of calcium is milk. Vegetables, especially uncooked and green leafy vegetables, should be emphasized, also fruits for their mineral content, vitamins, and laxative properties.

The dentist should be able to recognize results of malnutrition, and should work "hand in hand" with the physician in seeing that the fault is corrected.

The deciduous teeth are just as important to the child as his permanent dentition. The child is growing physically, mentally, and structurally, and his teeth are needed to prepare properly the food necessary to carry on this growth.

We do not claim that malnutrition is the sole cause of dental troubles, neither do we claim to know what the etiological factor is, but we do know that nutrition and metabolism play a very important part in the process, and are worthy of your attention.

If I have been successful in creating any interest by this paper, I shall feel fully repaid, and in conclusion I cannot refrain from quoting Dr. Sweet in the November, 1931, *Cosmos*, in which he says, "First, we as dentists must care for our patients, realizing that function is our aim to ideal dentistry. An extremely loose deciduous tooth, a cavity large or small, a pulp exposure, or an open pulpless tooth may prove such an aggravation to the child that he not only fails to eat the foods that need mastication, but refuses to eat almost

everything and is known as a "finicky eater" by the parents. Such children lose weight, are given tonics by their physicians, and prove a problem both at school and at play. They fail to show improvement until someone puts their mouths in such a condition that meal times are not approached with fear or pain."

President Keel:

Dr. Rogers, we thank you for this very able paper.

Before we have the discussion on his paper, I want to recognize the following visitors: Dr. Guy Harrison, Dr. Harry Bear, Dr. Richard Simpson, Dr. Hoofer, Dr. James, Dr. Jennings, Dr. Williams, Dr. Cline, Dr. Warren, Dr. Burrus, Dr. Parrott, Dr. Claud Williams, Dr. Burns, Dr. Ulen. I would like to recognize any who are here, who are not members, also.

I will ask Dr. Wooten, of Dr. Branch's department of the State Board of Health, to open the discussion on Dr. Rogers' paper. Dr. Wooten.

Dr. A. L. Wooten, Raleigh:

Mr. Chairman, Members of the North Carolina Dental Society, Ladies and Gentlemen:

We have long since come to accept the practices at Forsyth as final in children's dentistry. And we are extremely fortunate in hearing this presentation by one who has had long experience in an institution of such magnitude and rendering such invaluable service to both children and the profession.

The subject that Dr. Rogers has discussed is constantly commanding more and more attention and respect from the profession and the general public. He has handled it in an interesting and commendable manner and with a conservativeness that proves his wide knowledge of the subject. We find here none of the sensational claims characteristic of the investigator who has not gone far enough to learn that things are not always what they seem.

Were it not for the fact that a discussion is expected of me I should be content to pay tribute to this praiseworthy contribution and to simply signify my unqualified approval of the entire paper. What I shall say must necessarily be for the purpose of emphasis or enlargement.

The erroneous conception that child management constitutes a problem has complicated and hindered the cause of children's dentistry possibly more than any other one thing, and is cer-

tainly responsible for a large number of diseased and filthy mouths. I assure you that by following the general outlines given in this paper your child practice can, for the most part, be made not only delightful, but a profitable relief from the sometimes monotonous office routine.

Dr. Rogers considers the subject of child management as he finds it at Forsyth. I have to discuss it as I find it in the public schools of North Carolina and you must consider it as you find it in your own private offices. Possibly the greatest difference under these different circumstances is the greater percentage of difficult cases in the private office. The private office gets more of the spoiled, high-strung children of the wealthier class. And while the child in the private office finds himself practically alone in a strange world those at school or at Forsyth are in surroundings more natural and are simply called upon to do the things that other children about them are doing. But under any circumstances the prime factors mentioned in this paper are the keys to success. "Kindness, firmness and KEEP THAT MOTHER AWAY!" This applies to any other attendant as well as the mother. Having the child alone is most important when dealing with difficult cases. May I add to these suggestions the necessity for truthfulness and naturalness of manner.

If the operator appears unnatural or too eager to make the child think that all will be well the child is likely to grow suspicious and wonder what is hidden behind such a veil. Excited mothers or other attendants are especially good at arousing such suspicions. Such a situation is analogous to the mother partridge that flutters all over the place to attract attention away from her young. The average child has a fair degree of intelligence and is not going to properly respect you if you are not straightforward and businesslike in your dealings with him.

I do not regard conversation as of any great importance unless you happen to be born for that sort of thing. There are many like myself whose efforts at amusing conversation often fail, especially with the timid child. I consider it quite practical to follow the child's lead and to bear in mind that there are many who are delighted to be let alone in this respect.

While I agree with Dr. Rogers that it is wise after gaining the confidence, or respect, of the rebellious child to postpone any disagreeable work until a subsequent sitting, I am also mindful of the fact that it is sometimes inconvenient or impossible to

do so. Circumstances under which I work have made it necessary for me to sometimes proceed immediately. And I am unable to see any considerable ill effect as a result of such procedure. If there is unpleasant work to be done the child might not like it on a subsequent visit any more than he would on his first visit. If you really have gained the confidence of a child and proceed with the disagreeable work at once he is likely to believe you when you tell him that the worst is over. In such a case the second visit will be uneventful.

As for the matter of confidence the thing that counts most is the thorough understanding on the part of the child that he is conferring no particular favor on any one but himself when he visits his dentist. If he has this attitude your relationship with him will be pleasant. If he hasn't this attitude he can still be made to respect you and be an obedient, though unappreciative, patient. To this type confidence and respect will come in time.

We have had so many diet fads that it seems risky to even venture an opinion on the subject. But I think we are at least generally agreed that a balanced diet would eliminate much of our dental troubles. Just what a balanced diet is for each individual and how one is to obtain it is not yet determined, and probably will not be until the human system is completely standardized. When that impossibility is accomplished and all the fads of the extremist are worn to a frazzle we can then calmly consider the expressions of Dr. Rogers and others of his type on the matter of proper feeding.

If the final word is ever spoken on diet it will most likely be based on the simple, natural foods that are available to the large masses of the people. There seems to be no good reason to doubt that a diet built around milk, fruits and fruit juices and a variety of vegetables, and add to these what you will, would be sufficient for all human needs.

Dr. Rogers has touched on the use of silver nitrate. I do not believe that children's dentistry can be successfully practiced without its liberal use. In all posterior teeth where cavities cannot be extended to self cleansing areas (and these are largely confined to deciduous teeth) silver nitrate is indicated, as well as in cases where some decay must be left. And in many cases of deciduous teeth where caries has advanced too far to permit any restoration it is most valuable in maintaining

the teeth in a healthy state for an indefinite period, provided there is no pulp exposure at the time of application. Repeated applications may be necessary.

I am thoroughly convinced that every child's mouth should be freed of all infection and kept that way no matter how many teeth have to be lost in the process. There are far too many hopelessly diseased teeth left in the child's mouth for the avowed purpose of retaining the spaces. By all means spaces should be retained, but if there is no way of doing it but to leave an abscessed tooth, or one with an exposed or putrescent pulp for that purpose then remove the tooth and let the space take care of itself. The possibility of future trouble should not be guarded against at the expense of present health.

As great as the need is for improved technique in children's dentistry there is a still greater need for an impassioned desire to give our vast multitudes of children the conscientious service to which they are entitled, and for which they clamor if given the proper incentive.

Dr. Rogers, we are grateful to you and to the institution you represent for your efforts. (Applause.)

President Keel:

Is Dr. Jennings in the room, of Richmond? Dr. Jennings, I am going to ask you to please discuss this paper. Dr. Jennings, Gentlemen, is an instructor in the Department of Periodontia in the Medical College of Virginia.

Dr. Jennings, Richmond:

Mr. President, Members of the North Carolina Dental Society, and Visitors: It is always a pleasure to be down in North Carolina and see the new faces and the old friends, and I am here chiefly to learn and didn't expect to be called on to discuss any phase of this paper.

But I did make a few notes, for my personal use, that I thought I would probably use when I got back to the office. Dr. Rogers and also the young man who discussed his paper, both have told us that they are dealing with children in the masses, with clinical work. I, fortunately, have had some experience along that line, and it was probably due to the success that I had in managing children in clinics that I decided I would specialize in children's work. Had I been thrown into

a private office and received my beginning with children in dentistry from that sort of practice, my specialty would have drifted elsewhere perhaps. Because we find it is so entirely different, handling the children in the private office and handling children in a clinic. Children learn mostly by observation, and if one kid hops into the dental chair and apparently is not harmed or hurt, why it's a safe bet the other children will follow the first sheep. But when it is in a private dental office it is entirely different, sometimes it is entirely different.

However, I do want to say that Dr. Rogers has covered this subject most admirably from the viewpoint of the private practitioner as well as a man that deals with a large group of children. He is decidedly liberal in his views; he is also generous in his methods, he doesn't specify any one thing, he doesn't seem to be sold or welded to any one type of treatment; and if he has done nothing more than to make you men realize the necessity and importance of handling children in a successful way, why I think his trip here has been well worth while and that he has been well paid for his services and his trip.

There is one thing that, perhaps, he might have stressed, and that is that children need the service and few men give it to them. In your own town, more than likely, there is some young man or some man that is capable of handling children, who perhaps likes this type of work; if such children come to you and you dislike to work with them, have no hesitancy in sending these patients elsewhere. Your adult patients will not belittle you, but if you refer the children, if you explain to them nicely that you dislike to work with children, but that they can get this service elsewhere they will appreciate it. There is a possibility that that child can receive service somewhere else. And stress to the parent the necessity and importance of having it done. There are people who specialize in this work. I have received quite a number of cases that have been referred, and in a majority of the cases these are the worst cases we have to handle. But do suggest that your children patients have service done, or rendered, and if you don't want to do it, why see that somebody does do it.

Diet. I have one thing here that I read not long ago, an article in a magazine, and it struck me very forcibly. It was chiefly along diet principles, and it took the cake. This man took in numerous conditions and surroundings and combined

them in such a way that we began to realize that diet was a very small part of it after all. I enumerate a few here for your benefit. I am going to talk to Dr. Rogers and tell him to look this article up. Metabolism, heredity, the cleanliness of the oral cavity, the early feeding of the children, the environment under which he is placed, the calcium content of the blood and the diet. They are so closely intermingled and all have such bearing upon the other that when one considers the cause of tooth decay, no one of these can be considered without considering the rest.

It's a real pleasure to have been called to the floor, and I appreciate being here, and I have most assuredly enjoyed the discussion as well as the paper. I thank you. (Applause.)

Dr. E. B. Howle, Raleigh:

Will the Doctor tell us at what time they removed that frenum, what age, in Forsyth?

President Keel:

Is there any further questions or discussion?

Dr. A. S. Bumgardner, Charlotte:

I just had two questions to ask the Doctor, one which was asked just now. I find in our discussions of the frenum there is quite a controversy in the profession, and I know you have done this work at Forsyth, and I would like for the Doctor to state at the age in which they diagnose that frenum and when ought it to be removed? And, of course, he explained his plan. Do they remove it completely through to the lingual or to the palate of the mouth?

The other question that I would like to comment on, is when baby teeth are broken and the proximal walls are broken down, I have found that the permanent teeth, especially in the molar region, will drift forward, regardless, if those teeth are left in. And out of respect for the health of that child, I just want to add my idea that those teeth, too, I believe, should be removed. I thank you. (Applause.)

President Keel:

Thank you, Doctor Bumgardner. Is there further discussion?

Dr. Ralph Burns, Atlanta:

Mr. President, may I say just one word? I feel like apologizing for discussing both papers, and I am not going to discuss this one.

President Keel:

That is all right, take all the time you care to.

Dr. Ralph Burns, Atlanta:

I thank you. But I do want to bring this particular point before this body. To start with, I don't know which I have really enjoyed the more, the original paper or the discussion; I think they were both very timely and very well chosen in both material and in presentation.

But I couldn't help think, in listening to the original paper, of some comment that I heard at another meeting a month ago, and that was this: There was a man on the program for, as it was called, children's dentistry. Some how or other I couldn't quite like that term, but I am not going to discuss that now. After the paper was over, I heard so many comments of this character, "Well, I thought we were going to learn something about how to handle children." As a matter of fact, this particular paper dealt with a lot of X-rays and things that all of us are more or less familiar with, and this man's material of those X-rays.

Now I want to say in deference to both the original paper and the discussor, that I think this is a splendid presentation of the subject which every man here, if he is so disposed, can go home with something of value learned therefrom. If there ever was a paper which really gave a practical treatise, I think this is one.

And I personally want to pay tribute to the manner of the presentation, or rather the content and the concept of the subject as presented here. I thank you. (Applause.)

Dr. E. A. Branch, Raleigh:

Mr. President, there are just two or three things that I would like to say that came to my mind in connection with this paper. And I want to say to Dr. Rogers that I enjoyed it very much, and I want to say to Dr. Wooten that his discussion was just as fine as could be.

But the thing that I want to say is, there are so many times I have had men recently say to me "I am becoming discouraged in the handling of the children patients." I want to say to you, that the man to handle children in dentistry is first born, and then made. You have got to have a little of that born in you, then you can develop that into interest, gentlemen. And the best solution in the world that I know to offer anybody in handling children, is to take about three spoonsful of theory and one spoonful of common sense, and mix it together, and then administer it in broken doses. (Laughter.) If you leave off the common sense and depend altogether on theory, you are going to miss it a mile. And, of course, you have got to have theory, because if you just depend on common sense you won't know anything in the world about theory. But if you will mix the two together, it will work every time.

And, as he says, and as has been brought out here all the way through, the first thing you have got to do is first to know what you are doing, and then use patience along with it and have a clear understanding. That child knows when you know what you are doing. You don't put it over on him, and he knows when you are just stalling around too, and if he gets onto it first, then the jig's up and it just won't work with him, that is all there is to it.

Now, if there is anything in the world that needs that thing we mentioned just now, common sense, that is it. You folks have got the theory and you have got the common sense; now just put them together and you will get plenty of patients and you can handle your children. (Applause.)

President Keel:

Thank you, Dr. Branch. Is there any further discussion of that subject? If not, I will ask Dr. Rogers to please close the discussion.

Dr. Fred H. Rogers, D.D.S., Boston, Mass.:

Mr. President, I just want to say that I am glad and proud of the interest that has been shown and the way that this paper has been received. And in regard to Dr. Jennings' remarks: It is easier to handle children than brutes, of course, and when they come in there and are smiling, why it is probable that they are going to stay that way; but, let one over there in the

corner start and it is not going to be long before you will have four or five more going right in the same way. It seems like they want to follow suit. So then is when you really have a problem on your hands; when one starts it seems like it's contagious, and we have quite a bit of trouble with that. Whereas, if you just had one in your office, why I think you could handle it a little better.

And, in regard to Dr. Howle's question about frenum. We never under any conditions remove that frenum until the permanent centrals have erupted. Of course there are times when those centrals erupt, why they will force that frenum and possibly make room and adjust itself normally. In all cases if there is ever any chance of adjustment taking place normally, why we never try to do anything with it. Now, on the other hand, I couldn't say definitely, but I would think that you would have danger of possibly damaging the permanent tooth if you cut in there on it. So, we never remove that frenum until the permanent centrals are through. And I think he mentioned something about just how far do we cut, or the incision is made. We take it back just as near back as we can without going into the area too deep, and it is dissected all the way out, it is absolutely dissected. And, as I said before, we hardly ever take a suture, because that blood coagulates there and makes a cleaner operation than if you would take a suture.

And something was mentioned as to orthodontia, which I didn't mention before, but we have what we class as preventure-dontia, that is, we make models and check up on those models and see if nature is going to correct itself, perhaps a little abnormality. And if it shows that nature is correcting it, why then we leave it alone, otherwise orthodontia is done. But we have a world of those cases where we keep those check-ups on. (Applause.)

President Keel:

Gentlemen, this closes our program for the morning session. I want to say that the afternoon session will start promptly at two p.m., and, gentlemen, that means 2:00 p.m.! So everybody try to be on time. The meeting is adjourned.

The meeting adjourned at 12:25 o'clock p.m., Monday, May 2, 1932.

FIRST DAY—MONDAY, MAY 2, 1932

AFTERNOON SESSION

The Meeting was called to order at 2:00 o'clock p.m., by President Harry Keel.

President Keel:

The meeting will now come to order. I will ask Dr. Lineberger to make an announcement.

Dr. H. O. Lineberger, Raleigh:

Mr. President, I understand that our good friend, Dr. Fred Hunt is in a rather serious condition, and I also have learned that Dr. E. G. Clicke, of Elkin, who is also a regular member of this Society is ill. And at this time, sir, I move that the Secretary be instructed to send a telegram to these two brothers, Dr. Hunt and Dr. Clicke, expressing our regrets at their not being here and wishing them a speedy recovery.

Dr. Ernest Branch, Raleigh:

May I include in that, Dr. T. P. Williamson, of Charlotte? Dr. Williamson has been confined to his bed for two weeks and as I understand it, is unable to get up yet.

President Keel:

That is true, I have a letter from Dr. Williamson and his wife. Do some of the others know of anyone else that is sick that we might send a telegram to?

The above two motions were seconded, carried, and the Secretary instructed to send the telegrams mentioned.

President Keel:

I now ask Dr. A. S. Betts, of Greensboro, to introduce our next speaker. Dr. Betts.

Dr. A. S. Betts, Greensboro:

Mr. Chairman, Ladies and Gentlemen: I have been a member of the North Carolina State Dental Society quite a number of years, and I have derived a great deal of pleasure as well as interest in watching the members of this Society progress. Some men have been content to be good men in the general practice of dentistry and have achieved success along that line,

and I have enjoyed with them the degree of success that they have attained. But my admiration is especially stimulated when I see a young fellow with the urge and the fortitude to equip himself along a special line for which he has aptitude and special fitness, and launch out from the ranks of the general practitioners into the specialists ranks.

The young fellow that I have the pleasure and the honor and the privilege of introducing here, needs no introduction; we know him; but I think it's a very nice thing for some one who knows the rank and file to at least say something commendable for a young man who has this desire to make himself more efficient in this health service, in which we are all engaged and so much interested in. This young fellow Gibbs, from Charlotte, had the nerve to leave a more or less lucrative practice and launch out as a specialist, and he has gone after this thing from the angle of pure science. I think he went as near to the bottom as most any of us go in our special lines, and he has achieved a commendable degree of success. He has the faith and the confidence of his associates in his own town, and his district, in fact the men in his district are proud of his attainments. And we have the pleasure of hearing Dr. Gibbs today. (Applause.)

Dr. Wallace Gibbs, D.D.S. Charlotte:

Mr. President, Ladies and Gentlemen: I appreciate the kind words spoken by my good friend; I appreciate it, Dr. Betts. And I want each of you to know that I appreciate the opportunity of being invited here by you fellows to address the North Carolina Dental Society on this subject. I have for several years been making addresses to some medical and dental societies in some dozen states, but I haven't had the opportunity to address our own Society, which I think is a double compliment.

Now this paper is on Differential Diagnosis in Mouth Lesions, Periodontal Lesions.

DIFFERENTIAL DIAGNOSIS IN MOUTH LESIONS— STRESSING PERIODONTAL LESIONS

Habits and customs, to a large degree, are handed down from one generation to another. Opinions, except in rare instances, are not the results of individual thinking; but rather are the outgrowth of habits, customs and to a large extent, mass thought. Thus, in the practice of our profession most of us have formed our habits

and customs largely from our predecessors in dentistry. Which is to say that we obtained them principally from a few short years in dental colleges. Whether it is due to the pressure of economic existence (which undeniably bears hard on most of us once we begin actual practice), or whether it is due to a lack of individual initiative, I do not know. But the fact remains that most of us follow well beaten paths after leaving college and seldom deviate therefrom. It is easy to follow lines of least resistance and often more profitable. To go beyond this requires thought and many hours of study after the office is closed for the day. But are we justified in following the practices of our forefathers in dentistry? We speak of the great progress that dentistry has made during the past decade. It is true that our techniques of making various mechanical restorations have greatly improved. We have many new methods and we have ingenious machines in our offices. Our mechanical appliances have brought us recognition as the world's best mechanics, which is an enviable compliment, of which we are justly proud. Our artistic ability is undoubtedly far beyond that of our predecessors, and has caused us to have a justly high rating as artists. Along these lines has progress been made and we are proud of our achievements. But how far have we progressed beyond our predecessors in fundamentals of dentistry? Is it not fundamental in dentistry to preserve the teeth in a state of health? Should not success be measured by the number of teeth we save rather than by the number of teeth we extract and the admittedly ingenious restorations with which we replace them? And should we not be able to maintain the health of these structures, thereby contributing to the local as well as the general economy of the body? And lastly should not our progress be based on our ability to retain in a state of health those integral organs of our body, the teeth, rather than on their replacement by artificial means? Can any one deny that there are more bridges, plates, and other restorations used today than in our predecessors' day? Are not these on the increase? Did not our forefathers in dentistry repair, extract and replace teeth? Fundamentally are we not doing the same? Wherein is our progress of the past decade? Improvements in techniques, in machines, in the saving of time, in artistic ability, I grant. But, just how far have we progressed basically?

While there are many abnormalities and diseases of the mouth, we divide them for convenience into two classes: Those that affect the teeth, and those that affect the investing and supporting structures of the teeth. Which is the more essential, the foundation or the superstructure? Today I shall discuss with you those diseases and abnormalities that affect the investing and supporting tissues of the teeth. The foundation, in the nature of things, is first things first.

Dental opinion relative to periodontia, pyorrhea particularly, is divided into four distinct groups:

GROUP NO. 1. Those who believe that pyorrhea is hopelessly incurable, and frankly tell their patients just that; or else do not bring to the attention of the patient that he, or she is afflicted with this

malady. This group of dentists will neither treat nor refer the case to be treated.

GROUP No. 2. Those who believe as the first group that pyorrhea is not amenable to treatment, but who go a little farther than the first group in that they believe that the disease will not only cause the loss of the teeth, but that it may injure one's general health. This group advocates the extraction of all teeth affected with pyorrhea. They recognize pyorrhea in most instances, and advise its elimination—by extraction.

GROUP No. 3. Those who recognize pyorrhea, realize its danger, both from a local and general viewpoint; believe that it is as amenable to treatment as any other dental, or general malady, but believe that it should be treated by the so-called conservative methods—methods in use from almost the beginning of dentistry—which consist essentially in prophylaxis, medication and stimulation. This group, as a rule, condemns the surgical or so-called radical treatment of pyorrhea.

GROUP No. 4. Those who recognize pyorrhea exactly as those in Group No. 3; believe it to be just as amenable to treatment as any other human malady, but who believe that the lesion should be removed surgically—just as we remove decay in teeth or a dead limb from a tree—and who treat it thus or refer the case to some one who will treat it thus.

Let us consider these four dental opinions:

First, those who believe that pyorrhea is different from any other human malady and for some mysterious reason is not amenable to scientific treatment. Those of us who have studied basic medical subjects and who continue to study them and also daily apply them, know, both as a matter of theory and from much clinical observation, that pyorrhea, like any other malady, must be amenable to some form of treatment. The tissues involved are not fundamentally different from other tissues of the body. The same physiology applies; bacteriology and pathology are known and are more or less those of other tissues. Why, then, the mystery of etiology or the hopelessness of treatment? I have never heard a dentist who comes under the first group offer any intelligent reason for his opinion. What of the patients who repose confidence in these dentists, and thereby lose not only their teeth but the very restorations these dentists are making? And what of those who lose their health, and in some instances at least, their lives through such advice?

Second, those who believe that extraction is the only remedy. One has to give credit to this group of dentists, at least in realizing that these periodontal lesions are often responsible for the ill health of the patient, and who therefore conscientiously guard the health of their patients by the only method they know—extraction. To this group of dentists one would like to ask just what object is accomplished in the extraction of the tooth? The tooth, as such, is not involved. Is extraction advised in order that one may remove the diseased tissues; or that nature, by better drainage may absorb? If extraction is advised in order that one may curet diseased tissues that are hopelessly involved, is it not reasonable that the same end

will be accomplished by the curettage of hopelessly diseased tissues *without the extraction of the tooth*? What if it does require better technique and a little greater skill? If extraction is advised to establish better drainage, and thus aid nature in absorption, cannot one by a more refined technique establish this drainage *without the extraction of the tooth*? Is it not true that the duty of the dentist is to preserve the teeth—in a state of health of course, but nevertheless preserve the teeth? And is not extraction, in many cases, merely following lines of least resistance? Can any other logical reason be offered?

With those dentists in Group No. 3 who recognize periodontal lesions in their earliest stages, and who realize the malady is a menace to the teeth and to ones general health, we can but agree. That conservation of tissues rather than destruction of tissues is more desirable we also must agree. But, that so-called conservative treatment is indicated in every case, we cannot agree, either from theory or from clinical observation. That many cases can be so treated, we do agree. Although this group of dentists are far in advance of the first two groups; and although they number among them many leading periodontists as well as many leading general practitioners, we feel that they, to some extent, like the first two groups, are lacking in knowledge or application of knowledge, of the basic sciences that govern health and disease of human tissues. Let us consider this statement: The procedure in most, if not all, of the so-called conservative methods is to thoroughly remove deposits from the tooth root; to remove nonvital cementum; the epithelial lining of the pocket and to generally cleanse the area. The object of this procedure is, by removal of all impedimenta, to cause nature to reunite living cementum to living connective tissue, thus obtaining reattachment to tooth root. If it were possible in all cases to do this, one would have no quarrel with this earnest and conscientious group of workers. For, surely, no one can deny that this would be the most ideal way of restoring health and function. However, from clinical observation, we find that many cases so treated, if not most of them, do not result in this ideal condition of reattachment. Getting back to our basic sciences we readily discover just why there is no reattachment in many of these cases. That there is some reattachment in many cases, and perfect reattachment in some cases cannot be denied. Again, let us consider: To get reattachment we must have in every case vital cementum in contact with vital connective tissue. Is it not possible in many cases that the very nature of the lesion destroys the cells of the cementum? If so, the most painstaking efforts of the best technician could not hope for reunion. And without reunion do we not always have the pocket, no matter how well adapted the tissues to tooth root? And if so, is not the vicious cycle again established? And can we hope to regenerate new bone where the bone matrix has been destroyed?

Group No. 4, comprises those dentists who believe in surgery of periodontal lesions. Although this method is very old, so prevalent has it become in recent years, with so much discussion pro and con, that we shall deal with it. That it has its place in periodontia

cannot be denied. That it is applicable to all periodontal lesions we cannot agree. Again we must go back to our basic sciences. When is surgical removal in periodontia indicated? When our knowledge of basic sciences tells us that the tissues are so badly involved that a restoration of function is not possible, and that the further retention of this tissue is a hindrance rather than a help in maintaining the health of the mouth or the body. There are many such cases, and surgery, often radical, is not only indicated but is the only possible remedy. There are many techniques and modification of techniques used in surgical periodontia, but in every technique one of four objects is desired: (1) Splitting the gum at the lowest level of the pocket for drainage; (2) Excision of gums involved in order that new and healthy gum tissues may be formed over the alveolar process; (3) Incision of gums, the flap operation, in order that necrotic bone may be removed and the gums reunited above the lesion; (4) The most radically complete excision of all hard and soft tissue involved to point of attachment or slightly beyond—in order to permanently eliminate the pocket.

We may briefly summarize by saying: We entirely disagree with the first group of dentists. Their opinion has no scientific basis. We applaud the alertness of the second group in detecting the lesions and calling them to the attention of their patients, but we deplore that they cannot see remedies other than the extraction of the teeth. We thoroughly agree in principle with the third group of dentists, and with their method of procedure in many cases, but we feel that they should go more into diagnosis and classification of the lesion—and diversify their procedure to fit the individual case. With the fourth group we are heartily in accord in many cases, admire their fearlessness and skill, but feel as with the third group they should diversify their procedure to suit the individual case.

The object of this paper is a plea for diagnosis and classification of lesions in periodontal diseases, in order that rational rather than empirical treatment may be followed. To this end it will be well to briefly consider the history of periodontal treatments.

For years dentists have differed widely in their opinions as to the best method of treatment in pyorrhea. Various drugs have from time to time been advocated by countless dentists; vaccine therapy has been advanced, both stock and autogenous; every degree of prophylaxis, from simple removal of deposits to planing of root surfaces. Occlusal adjustment, ranging from the simplest filing of a cusp to the radical removal of the major portion of the cusps of all the teeth; brushing for stimulation, with every imaginable technique, and varying from a very light stroke with a very soft brush to a very heavy pressure with a very stiff brush; surgery, from the simple splitting of the gums to the most radical resection of gum and bone to point of attachment, and in some cases far beyond; various machines, such as Dunlops oxygen vapor, Kromayer lamp; and ingenious devices for vibration and massage. All of these and many other agencies and techniques. That most of these agencies and techniques have given success in the hands of those who offered

them to the profession can scarcely be doubted. The truth, probably, is that every one of these methods or agencies have given success in some particular case. We believe this to be true, for we do not believe that any dentist would advocate a special drug, appliance or technique without reason. But, has it not occurred to most of us that this sort of procedure is empirical? We need rational treatment based on scientific facts if we are to have a standard treatment for pyorrhea and other periodontal lesions. The fact that a drug, appliance or technique gave results in a given case, or in a number of cases, means very little. Rather is it the procedure that will give constant results in all cases that means much to us. Such a procedure must be based on scientific facts. It must embrace anatomy, histology, bacteriology, pathology, physiology and other sciences that treat of human tissues. Until treatment based upon these fundamental sciences is given us, we will never have a standard procedure in periodontia.

The tissues of the mouth are basically no different from other tissues of the body. They are governed by the same fundamental laws. Therefore, when a case of periodontia presents itself our first duty is to obtain a diagnosis—and from this a classification of the lesion in this particular individual. Afterwards, our method of treatment will naturally suggest itself. And while there are always exceptions, the treatment will be correct in the majority of cases. For example, when we have made our diagnosis and from this have ascertained that the case is one of periodontia, our next step is to ascertain into which class it goes. By this we mean: Is the lesion confined to the gums? Is it confined to the bone? Or are both structures involved? Is the periodontal membrane involved; the periosteum, or both? Are the ligaments involved? The bone matrix? Is the etiology local or general, or both? Is diet a factor? Constipation? Trauma? Are there food packs, or other local irritants, including overhanging margins or tartar? What of the habits of the patients; does he or she keep a clean mouth? What other factors enter into the lesion? All of these as well as a knowledge of fundamental medical sciences must be, so to speak, at the finger tips of the periodontist or the dentist who is making the diagnosis if he hopes to be successful in his choice of treatment. A great deal of time must be spent in preparing oneself for this knowledge, but after this, and with adequate system in the office, the time required for diagnosis and classification should be only a few minutes. Thus, diagnosis is the first basic requirement of periodontia. And in order to be able to make this diagnosis one must be thoroughly prepared in this field.

We have said that after diagnosis and classification the treatment will suggest itself. For instance, if the lesion is confined to the gums, and all other local and general tests for pathology are negative, we have found that proper stimulation of the soft tissues with the tooth brush will correct the case. Of course the proper brush for this particular case must be prescribed, as well as the proper paste or powder. Some gums will tolerate a very stiff brush, while for others only the softest will do. The same applies to cleansing or stimulating agencies. And, of course, there is a wide range as to

size and shape of brush. To ask your patient to get a tooth brush and paste or powder and stimulate the gums means very little, though your diagnosis be correct. One should not only prescribe as stated, but one should have the patient bring this brush and dentifrice to his office. First, in order that he may know the correct prescription has been filled, and next, that he may thoroughly instruct the patient in technique required for that case. Also the patient should be required to practice this technique before the dentist until he is satisfied that he or she not only thoroughly understands the technique, but has mastered it, and that it is therefore reasonable to expect that it has become a habit. Many dentists not only fail to make correct diagnosis in these cases, but having made the correct diagnosis, fail by not carrying out the full procedure. They then become discouraged and believe that either their technique or diagnosis or both were wrong. And thus are added others to the list of those who do not believe pyorrhea, so-called, is amenable to treatment. For those who would succeed in periodontia the closest possible attention must be given at all times to the most minute details. It is more essential in this field than in the field of general dentistry. Another example is that of a case presenting the same symptoms as the above, with the addition of tartar. Naturally, the same procedure is indicated, plus the thorough and careful removal of tartar. I mention not only the thorough but the *careful* removal of tartar. One can do much damage by the careless removal of tartar, and thus defeat the very object of his treatment. Another example, that of gums presenting practically the same symptoms, but the laboratory tells us that there are Vincents organisms in sufficient quantity to justify the conclusion that they are a factor in the lesion. We then use a Vincent treatment, some drug liberating free oxygen, preferably catarrhal stomatitis is another example. Also various poisons, such as lead, mercury, bismuth, etc., as well as drugs and burns. All, or most, involving the gums and presenting many symptoms in common with pyorrhea, yet being entirely different and therefore requiring entirely different treatment. Traumatic occlusion, although in my opinion greatly exaggerated, is sometimes a factor. Sometimes it involves the gums; sometimes the bone, and at other times both structures. Its correction will usually clear up the lesion, in the absence of other involvement. Impacted teeth, particularly lower third molars, play a large part in some diseases of the mouth—especially the periodontum. They frequently cause a horizontal and a vertical trauma in the same case.

The illustrations just used, of course, apply to gum involvements, caused by local disturbances in the circulation, bacteria or local irritants. There are other lesions confined to the gums which require an entirely different treatment. An example is a chronic case of Vincents which has been subjected to every known treatment, and in which the gums have become so infiltrated that regeneration is impossible. Here we think that the surgical removal of the mass of infected gum is indicated, and where this technique is carefully carried out and a dressing, such as Wards, is used new tissue soon forms—giving a beautifully healthy pink gum with reattachment. In

many of these cases the underlying bone is not involved. Other cases in which the gum is apparently not involved—the tissues being pink and very firm—yet X-rays and probe reveal considerable loss of bone. The procedure indicated would naturally be to carefully lay back the gum, curet the bone underneath and suture back in place. The gum is not involved in this case, and there is no indication for its treatment. Neither bushing, resection nor drugs would help. In other cases the bone is lost and the gum tissue is also heavily infiltrated. The general appearance would indicate that neither could reasonably hope for regeneration. The procedure would be to resect both tissues to health—gum and bone—or slightly beyond. Just as one would remove decay in teeth or the dead limb from a tree. Still another example is one in which the X-ray reveals a loss of alveolar process, sometimes to an alarming degree, and yet the soft tissues are firmly attached to the tooth root, it being impossible to pass the finest of probes. A closer study of the X-rays might reveal a delicate line, which is easily overlooked in a hasty examination. This line may mean an organic bone matrix intact. In such a case surgery is not only not indicated, but its use would be unnecessarily mutilating. A consultation with the physician; correction of diet; maybe a slight occlusal adjustment; digital massage over part, may cause a deposition of mineral matter into the matrix and a regeneration of bone will take place, the teeth tighten and all symptoms disappear. Clearly in this case we have had an undue stress; deficiency diet; poor local circulation, or a systemic involvement. There is no indication for surgery nor is infection present. There has been decalcification rather than necrosis, and the chances are that the bone matrix has not been destroyed. This particular example illustrates several points I wish to emphasize: That an examination without a full mouth X-ray is *never* a complete examination in periodontia. Second, that we must not depend exclusively upon our X-rays, but rather must we coördinate these findings with clinical as well as laboratory findings, history, etc. Third, we must take our X-rays with a definite object in view. And fourth, we must not merely glance at these X-rays to determine how much bone has been lost and where, but rather must we give close study to each individual case. This case, for instance, might be classified as a periodontal lesion, but it could not by the widest stretch of imagination be called pyorrhea, if we correctly understand that bit of nomenclature.

We could give many other illustrations. But the purpose of this paper is general; its object being to show beyond a reasonable doubt that there are many diseases of the mouth other than pyorrhea, and further that there are many lesions of the periodontum other than pyorrhea. And therefore to logically demonstrate that inasmuch as different factors bring about different lesions, it is only reasonable to believe that different methods will be required for treatment.

In conclusion may we not say, in our opinion, periodontia is one of the most important fields of the mouth. The diseases are almost universal, and certainly more teeth and dental restorations are lost through these maladies than through all other dental maladies

combined. These diseases attack the very foundation of dentistry and without successfully coping with them, can we ever hope to permanently retain either natural teeth or dental restorations? And what of the health and life of the patient in many cases? If the above statements are true, is it not reasonable and is it not time that we had a standard procedure in periodontia? And can we ever have such a procedure other than by rational conclusions based upon scientific medical knowledge? And is it not about time we united in condemning techniques and agencies offered our profession which have no rational basis? And may we not say that there is no royal road to success in periodontia, nor are there any short cuts? No one can give us a drug, agency or technique that will be uniformly successful in this field. Nor are the finest of techniques of any value until we have first mastered basic principles which will enable us to make correct diagnosis. Much harm can, and has, been done to very fine techniques by the wrong application. And yet withal I wish to make the statement that so many in my field are making today: Pyorrhea is amenable to treatment. There is no longer any doubt of that. The fact that we may observe a case here and there, or for that matter many cases, which have failed to respond when treated by supposedly capable men, does not disprove the statement that pyorrhea is curable. We are not perfect in periodontia, but are we in general dentistry or any branch thereof? Are they in the field of general medicine or a branch thereof? Do not fillings and other dental restorations fail, and do not new areas of decay constantly develop? If not, why do we ask our patients to return every six months? Is it not for the purpose of inspection to ascertain if there are new cavities or old ones in need of repair? And yet does any one care to say that dentistry, as practiced, does not do much for humanity? Does the medical profession operate a hundred per cent efficiently? And yet would any one care to say that it has not and is not rendering a very valuable service to humanity? But, the encouraging factor in periodontia, as in general dentistry or medicine, is the fact that any one can master it who is willing to pay the price. And splendid results can and are being obtained in this field in the majority of cases that are being treated on a rational basis.

With your permission and further indulgence I shall show some lantern slides, some of which are original and some of which are not, to further illustrate my statements relative to lesions of the mouth, and more particularly lesions of the periodontum.

Now I want to show quite a lot of slides, but I am going to run through them hurriedly because of limited time, and I will not dwell on them as I would like to. You may ask any questions you see fit when we have finished with them. There are some forty of them, I believe. I want to bring out these to demonstrate the statements I have made in this paper. I have

over a hundred and this is about a third of them. Perhaps we can show these in the time we have.

(Slide.) This is another case in the advanced stage, recession and that sort of thing, of the same drug, bismuth.

(Slide.) And this is one of quite a few cases. It is an early case of the mercurochrome type.

(Slide.) This is an advanced type of the mercurochrome type, lesion, loose teeth, that sort of thing.

(Slide.) There is a case of deficient diet.

(Slide.) Here is an interesting case of blood chemistry, showing leucoma, lymphatic leucoma, and I have seen this in two cases in four or five years, and this case was fatal. This case was treated by an out-of-town dentist for trench mouth for a time and then referred to me over long distance, calling it trench mouth. He had never seen anything like it before. The patient died very shortly afterwards.

(Slide.) Here we have gingivitis or pyorrhea.

(Slide.) This is a case of the use of lead, lead poison. You can see the condition here and there.

(Slide.) This is a familiar type, an advanced case of trench mouth or gingivitis or stonnetitis, with which we are all familiar.

(Slide.) And this is a case of tuberculosis of the gum. I know very little about that.

(Slide.) Here we have the reddened gum due to an acid condition. This case was referred to me as pyorrhea.

(Slide.) This case gave good results to treatment and turned out very fine, in response to the oxygen treatment.

(Slide.) This is a case of hypertrophy of the gums, and the starting place presumably was a gold shell crown.

(Slide.) Here we have a very badly irritated gum, and this is very painful, ulcers forming, and yet it is gingivitis of the gum.

(Slide.) Now, this is interesting. I took this from a text-book because it illustrates some of the cases I have seen. This is of a young boy, with the teeth on one side in this condition and the other side showing perfect normalcy. Of course, that was brought about by the use of that side of his mouth, which brought the disuse of this side at the same time. I have had experience with many of these cases, but this picture is not original.

(Slide.) Now I want to bring something out in this. I want you all, if you can do it, to make a diagnosis on this. I realize

that such a thing isn't fair, and I don't want your name for I don't care anything about that, but I want to illustrate the difference between a snap diagnosis and a differential diagnosis, with something to back your diagnosis on. If you were to ask me to diagnose a case like that, I couldn't possibly do it, and yet I have had many cases like it, with the mouth in this condition, inflamed gum. If this patient were to step into an office off of the street or the elevator and ask the dentist what was the matter with his mouth, perhaps he would open his mouth and see the bleeding gum and say "You have pyorrhea or gingivitis or perhaps trench mouth, something like that." The only thing you see here is inflamed gingival, that is about all, just the inflamed gingival. So if you give an opinion there from an examination of the inflamed gingival of that sort, that is rather a snap diagnosis. I would like for some of you to give an opinion on that, right quickly; form your opinion of what it might be, and then I am going to show you a little something later and tell you something about it, and I think that will make your diagnosis exactly right.

(Slide.) A smear revealed that, some sort of organism. Now the history of the case was following influenza. There was no lesion or anything of that sort. There was a distinct dryness, the mouth was glazed. But the smear showed this, this picture. Now perhaps you can give a better diagnosis. Are there any questions you want to ask?

(Slide.) This is just a picture of the tooth, that shows the dentin and the cementum, showing the junction here.

(Slide.) This is another section of the same, and you see the dentin, the different layers that formed there.

(Slide.) And this shows the old and the new formation.

(Slide.) Here is the dentin here and the granular here, showing equal distance in here.

(Slide.) And here we have the alveola processes, showing in the mouth. And I just show that as good bone. The tooth denotes pathology of the bone.

(Slide.) And here is a condition, here is a case sent to me as pyorrhea, with recession of the bone. But you will find the outlines perfectly in here as good, and the recession is in here.

(Slide.) This is the condition that Stillman and McColl lay so much stress on. This shows the surface here, the buccal plate and lingual and showing the so-called traumatic occlusion.

(Slide.) This is a case of impaction, it's beginning to show a breaking down of the bone, here.

(Slide.) This is another case of impaction, a simple proposition.

(Slide.) This is an interesting case here, with the prolongation here, with the tooth coming over, and loss of bone here.

(Slide.) This patient is a girl of about fourteen years, with the root canal not even closed up, and yet a breaking down of the tissue in there.

(Slide.) And here is some impaction, again.

(Slide.) This is just simply overhanging margins of teeth from actual practice.

(Slide.) This is a young boy, but it is only from a textbook, showing the teeth at the age thirteen, in which the roots are not even calcified and showing the same conditions at eighteen, from impacted teeth, as a factor to periodontia. You will have a breaking down of the bony tissue there sooner or later and that is one of the points in favor of removing teeth of that sort, even at this stage.

(Slide.) Now here is another little test here. This is a case of that sort that don't show up very good. Can you see that? There is a lot of bone all around there. These cases, all three of them, are cases not of pyorrhea, but cases of Vincent involvement. I am showing these most interesting cases that are so often overlooked, because there is just as much involvement of the bony tissue as in any of those cases, the principal involvement is the same.

(Slide.) I was going to make a test of that, and this is the slide of course. This was from a snap diagnosis again, and this smear shows Vincent smear.

(Slide.) This shows a theory that I have had in my mind some time. This is taken from a textbook and involves the organisms in the dentins. Now these organisms invade dentin, why don't they invade alveola tissue? In these cases we have to go in radically and cut out the tissue.

(Slide.) And here is a case that is right interesting. These pictures don't show it very clearly, the bone here is perfectly good, and on in here it shows a little better. That is a line of demarcation, right along in here, and that is a case of decalcification, rather than necrosis, at that stage, and it's possible oftentimes to regenerate that bone up to that point. Well, this case wasn't treated, they couldn't see it as pyorrhea, as made

from an X-ray diagnosis, they just couldn't see it that way, either the patient or the dentist. So the dentist said he would watch the case one or two years or several years. And about a month ago he brought the case back to me and said he was sure it was pyorrhea. Well, you see what happened, there is no bone in here, all that has been sequestered later on. This shows the advantage of early diagnosis in this particular case. In this case there were no other clinical symptoms.

(Slide.) And here is a case—I wish they were plain enough for all of you to see. Do you see the amount of bone left right in here, see the bottom of the pocket? I hope that is clear, because that operation was done five years ago, as an experiment. The patient said, "If that will stay in there a year I will be tickled to death, Doctor." I said, "I don't know whether it will stay over night." So I did the operation, and this early part of April it has been there five years and no further pathology there. I have a record of all these cases, if any one is skeptical, on file. This man is from Fayetteville—Dr. Olive, you remember him. This was five years ago with no loss of bone. I saw this man about a month ago.

(Slide.) This is in progress of regeneration.

(Slide.) These cases are in various stages of regeneration of bony structure, to a point right there, up to that line. Probably this does not show as plainly as it would if I had the X-ray pictures. If any one would like to see the X-rays, let me know.

(Slide.) This is a case I treated and got the patient in very good condition, and about three months later the patient returned and so I snapped this picture, and you can see what somebody had done in the meantime.

(Slide.) This is another question of bone in here, it is pretty well calcified. The picture shows decalcification rather than necrosis, showing that it decalcified under treatment.

(Slide.) And here is a case of several years standing. If you look right closely you can see the breaks through there of this bone, and I think the picture will show more bone there the last four or five years, much more bone, in fact, than was there five years ago.

(Slide.) And this is a case that a dentist sent me, and I was rather afraid of it because he sent me the case for no reason in the world except to disprove that you can do anything with pyorrhea. The teeth were about out. Dr. Story happened to be in the office when this man came in, and he knows it is the

truth. And you can see the condition here after it received treatment, and you can see the various stages of how the bone is today. And I think that is undeniably regeneration. If you can't see it, get closer to it. And all symptoms have disappeared and the man has his teeth up to recently, I know.

(Slide.) This is a most unusual case. This man couldn't find anything much wrong with the patient, although the teeth were loose. And this case puzzled me, I couldn't find out anything, every test failed. But I found out the patient had been continually munching on hard candy, and she had every one of these membranes swollen, every one of them, and the teeth were loose. There was no pathology there, other than that. We had the patient to stop this habit and also tried to work on diet, and the teeth got perfectly tight again. And then a phenomenon occurred which she didn't understand, and I lost the patient! The tartar formed so rapidly in her mouth she couldn't hardly keep it off, the tartar formation came about with the calcification. I never saw a case quite like that before. And the patient had never had tartar on her teeth before in her life.

(Slide.) This shows the hypertrophy in the gums there, they are both quite a bit involved and yet the bony tissue is not involved at all, showing the condition confined to the soft tissue, and could not by any imagination be called pyorrhea. If you will investigate this a little bit, you will see that little spur of tartar. We simply removed that tartar and it cleared up again.

(Slide.) I don't know whether you can see that or not, it is just a chart, that we use. We try to get his name and address and history, family history, etc., the X-rays, diet, laboratory findings, and the character of the mouth, the physician's report, loss of contact point, and other lists there, and then our care of the teeth. We try to make it out, as some one said this morning, making a written report, so the physician can get some idea just what we are after.

(Slide.) Now, here is a case, the last one, and it's interesting; because this man came to me in the spring or summer of 1919, in Fayetteville, when I was in practice in general dentistry, and I had been up in New York some several months there at the Roosevelt Hospital and other places doing surgery at that time. He wanted his teeth out, and so I tried this on him, a flap operation at the time. It has been some time since I have seen him and I wondered what had become of that fellow. Bob

Olive, you know about this case! So I finally heard that he had bummed all over the world, that type of fellow, and finally landed in Fayetteville. And I wrote him a letter a few months ago and asked him to go to Dr. Olive and let him take some pictures, without any cost to him, of course, and Dr. Olive didn't charge me. But I did that flap operation, and went way down beneath and did that operation for that man thirteen years ago, and here are the pictures that Doctor Olive took for me. That has been thirteen years and that man's teeth are tight. I am proud of that, and it shows what can be done. That was just experimental with me then. I don't know how long that will last, but you can see that there certainly is as much bone there after thirteen years as there was here, and the teeth are tight. Now if you can get results of that sort for thirteen years there is no reason why they couldn't go another thirteen years.

Gentlemen, in closing, I would say that we cannot always guarantee results in these cases, and after all, all we can do in this life is to remove impediments from nature's way, and to help to as nearly approach health as we can in the treatment of the diseases of the body, and to make individuals a little more comfortable while they stay on this earth. That is all we can do; we can't promise cures, and we cannot always get results immediately.

I have enjoyed being with you, and I thank you. (Applause.)

Persistent Keel:

Gentlemen, I am sure we have all appreciated and enjoyed Dr. Gibb's wonderful paper, and I am going to call at this time on Dr. W. F. Clayton, of High Point, to open the discussion on this able paper. Dr. Clayton.

Dr. W. F. Clayton, High Point:

Mr. Chairman, Members of the North Carolina Dental Society, Ladies and Gentlemen: It is a great pleasure to have the opportunity of listening to such a paper, and I am sure that you all will agree with me that this is the product of much effort and concentration on the part of Dr. Gibbs. He has given us some facts that are truly fundamental, and we should give serious consideration to his presentation.

I heartily agree with him that periodontal lesions are amenable to treatment. It is all important that we make a careful

study of the history of the patient, the X-ray, laboratory and clinical findings, before we attempt to make our final diagnosis in classification, and we should adopt treatments truly rational from every point of view. Some one has said that one in five have pyorrhea; I am persuaded to believe that if we take into consideration the incipient conditions, that the percentage would even be greater than that.

There is little doubt that periodontia has kept abreast with every other phase of the dental profession, but what about the opinion of the profession at large? Are we, as general practitioners, giving this important subject the consideration which it is due? Do we fully realize that the incipient condition of today will be the complex condition of tomorrow? For a great many years the dental profession and the laity seem to be looking for a great discovery that would eradicate pyorrhea. Gentlemen, surely we realize now that this discovery will never come, and the responsibility devolves upon the shoulders of the profession at large. And I feel that we should all give this serious consideration.

I would like to say something about traumatic occlusion. If I have interpreted the writings of the leading periodontists of the day correctly, I am persuaded to say that traumatic occlusion as a periodontal factor for pyorrhea is a much or widely separated theory. I am impressed with the fact that almost invariably I find evidence of occlusion in the mouths of my pyorrhea patients, and from the X-ray pictures and clinical examinations I find the most extensive pockets about the teeth which are subjected to the greater occlusal stress.

If we take the stand that pyorrhea is just an infection, then we must be able to explain the cause or causes of this infection. And in view of the fact that the periodontum of the molars, bicuspids, or incisors are practically the same, we must be able to explain why this infection attacks certain teeth, leaving others seemingly unimpaired in the same mouth. Is the infection the beginning and the end, or is the infection a sequence of events, even local or general, which represents the true cause? It has been mentioned that nonvital cementum is a possible cause for failure in certain cases. The advocates of conservative surgical treatment fully agree that the lesion must be removed, and they depend upon healing by blood clot. They lay special stress upon the complete removal of the cementum, otherwise they have no hopes of obtaining reattachment.

Is it not possible that the theory of pus-soaked cementum, as handed down to us is in error and we have overlooked the histological value of the cementum cuticle in the treatment of pyorrhea? The essayist has made a strong plea for rational treatment, based upon a thorough knowledge of the basic sciences. There is little that I can add to this plea. But let me remind you that it's very easy for us to unwittingly adopt empirical measures, and equally easy for us to make rational treatment. We must remember that the conditions we see in the mouth are a sequence of other conditions, either local or general, or both. If we adopt surgery as a treatment without giving due consideration to the etiology of the case, and remove it, then we make surgery imperative. We must keep in mind this fact, if we hope to succeed, we must meet the conditions of nature, and having removed the cause we may adopt treatments which if taken alone would be truly imperative; but when employed as an aid to nature, it would be truly rational treatments.

I want to say that I have certainly enjoyed the paper, especially the slides. I certainly thank Dr. Gibbs for his effort and consultation. (Applause.)

President Keel:

Is there any further discussion of that valuable paper?

Dr. Ralph Jarrett, Charlotte:

Mr. President, I want to say that I enjoyed Dr. Gibbs' paper and slides, thoroughly; and I think, in fact, I know that he has the right idea of differential diagnosis, and I think that he knows how to diagnose. And I think the most of us don't know how.

Having heard Dr. O'Rorke, I believe from Kentucky, give a paper on X-rays, in the Second District Dental Society, opened my eyes to the fact that I didn't know what I had been doing. I treat pyorrhea, like the rest of you. I get it sometimes and sometimes it gets me. But, the regeneration of bone, in my mind, has not been definitely solved. I do think that we do have a calcification of the matrix that is left, I have proved that to my own self; and the only way that I have been able to prove that fact is by a thorough understanding of the making of X-rays. I believe in X-raying everybody, but I didn't know until six months ago that I ought to have four or five different

kinds of X-rays for four or five different kinds of things. My idea was to look down there and see what I could see, and maybe I looked back and maybe I didn't, just like the rest of you, general practitioners I am talking about. But you have to have for a differential diagnosis of pyorrhea, I am speaking of, the diagnosis or effect or cause of the bony and not the soft tissue. You can take an X-ray tube and burn out the bone matrix in the case where you have had decalcification, completely out, but if you leave it alone and teach them how to brush their teeth, watch the diet, and re-X-ray it in four months, and you will find calcification of the bone. Now, did that man have pyorrhea, or did he not have it? I make him have it, I burned it out with over-exposure and over-development of the X-ray films. You have to, at least that is my experience, have an X-ray of the mouth for pyorrhea, or the bony lesions, to bring it out. Dr. Gibbs didn't bring that thought out, but it is really serious in the caring of my patients. If I want to know what the H. C. S. of a tooth is, and I get along pretty well with the X-rays, but unless you understand exposure and know the technique of developing that X-ray, I can put pyorrhea in five out of five, I believe, and give you the worst case you ever had, and so can Dr. Gibbs.

I heard men sighing back of me, I heard it commence when he said he had regeneration of bone. And I think he can get it if anybody can. But I want to see that X-ray at two angles. I do know that he gets what he says, a tightening of the tooth. Now the point that we as general practitioners come up against is this: A man has pyorrhea and how are we going to handle him? Perhaps he can't reach a specialist—and they all can't—and you have to understand to take care of them, that is if you do your duty. Then you should know how to diagnose that case, and I will say the most of us don't, as general practitioners. You can trace it all the way back. I can see my own mistakes, and I try to improve, and you can see for yourselves. But unless we understand how to diagnose we will never be able to treat anything, and if we try the same treatment all over the mouth we are going to fix him up in some places and ruin him in others. You can't carry the same treatment out, I can't, in the same mouth, using the same technique, you have to use five or six. And if you will just take this point with you and remember that you have to double X-ray them, even if the second set comes free of charge. But if you want to know you have got

to do it that way. And I believe Dr. Gibbs hasn't agreed with me on that, yet; but I believe he knows that this is true, but he didn't have time to tell you. He knows how to make the X-rays and find out the condition he wants, and when he finds it he may treat this area radically, or on the other hand he may treat it easy. (Applause.)

President Keel:

Is there any further discussion of this subject?

Dr. Daniel B. Mizell, Charlotte:

Mr. President, I would like to extend to Dr. Gibbs my appreciation of his wonderful paper that he has just given us, and I am sure it will be of help to all of us. I think he pretty well brought out the diagnosing, which is the foundation of all treatment when you have any form of disease there. Diagnosing is very very important.

Most of us, when we see a pyorrhea condition, perhaps the first thing we do is to scale to remove that tartar, without stopping to give thought as to what produced this particular pocket around this particular tooth. We may have a pocket around one tooth and the adjoining tooth may be normal. We may have a deep vertical pocket in the next tooth and the next may have a lateral pocket. Why? What caused one pocket to be deep, vertical, and another one horizontal? Something, somewhere produced, caused that condition which we are trying to work out today.

There are two schools of thought along current lines today. One is that it is a local condition and that the incipient condition in the mouth is a symptom, which if we do not recognize and correct it will later develop into periodontal lesions produced by systemic condition. Before we should start any treatment, like I said awhile ago and as Dr. Gibbs brought out, a thorough diagnosis is necessary, which first consists of a very thorough and careful clinical diagnosis, a history of your patient, and last the X-ray diagnosis. We should picture in our mind the prognosis of this condition, and the result we are trying to establish, and whether or not we are justified in treatment or perhaps is it not better to remove it then. In the reattachment of the tissue we can, not in all cases but in the majority of the cases, get a reattachment in the tooth root, as Dr. Gibbs brought out.

I want to ask Dr. Gibbs just one question here; if he has noticed any difference in the bone absorption in nonvital and in vital teeth, and if a vital tooth responds to treatment much quicker and much more satisfactorily than a nonvital tooth.

Dr. Gibbs, I enjoyed your paper very much, and I am sure that all present did.

President Keel:

Is there any further discussion? If there is no further discussion, I will ask Dr. Gibbs to close his discussion, please.

Dr. Wallace Gibbs, Charlotte:

Gentlemen, I have enjoyed and especially appreciated the discussions of the paper; they were most intelligent and very helpful to me. I give this paper as a theory, as I said, opinions and not as facts. I can only support them in my own mind and by my own work, but I hope to sometime work out something along that line. I am not an authority on it, at all. I will try to answer the questions asked.

Dr. Clayton gave a particularly intelligent discussion of the paper, his first deductions of the paper, showing that he certainly has a very decided knowledge of lesions of the mouth. I appreciated it, especially. He brought out the matter of traumatic occlusion. Now, traumatic occlusion—maybe I didn't make that quite as clear as I should have in the paper and talk—I claim that as a factor in the solution of pyorrhea. And if I don't answer your question just like you wish it, stop me while I am talking. But it's a factor.

The doctor mentioned the fact that sometimes we find one tooth involved and another not involved. And certainly the greatest exciting or presupposing condition is traumatic occlusion, but my theory is that no one cause produces a lesion of the mouth, not any one thing. But every infection of pus that produces organisms to my mind is not necessarily pyorrhea.

Now as to nonvital cementum and the technique there, maybe I didn't make myself quite as clear there as I should have. I prefer to treat these cases by local treatment on a conservative basis if I could get results. Now, some people do it and I take my hat off to them. I fail lots of times on that, and where I fail on that sometimes we have a pocket, for instance we will say four millimeters, and you perform the work and get a blood clot perfectly and we get good results. Then again we have two

millimeters up from the bottom of the pocket and we don't get the results. Why? Well, there is something there that isn't connected tissue, because if we get the proper attachment there we are going to have the function. I say, where you cannot get attachment, then take that off and always leave attachment, if you can. I think I am in line with the literature on that.

Now in my paper I discussed four different opinions, four grounds of opinions. Dr. Clayton said that we must meet the conditions of nature, first, and we must not use methods that are imperative. That is right. In surgery, where I do surgery, I never do a radical operation until I am sure that it is necessary under that particular case. I never see that condition without deploring the fact that the next step must be extraction, and perhaps my enthusiasm for keeping the tooth makes me incline in that direction.

I hope that I have answered the questions that were asked me, if not I will be glad to try again, if that is all right.

Dr. Arthur H. Fleming, Louisburg:

Mr. Chairman, I enjoyed what part of the paper I heard, and there is just one question that isn't quite clear to me, the question of traumatism. That is discussed and rediscussed, and I really don't know what traumatism is. From my conception of proper occlusion it is perfect traumatic occlusion. And still we say that traumatism produces pyorrhea. Now, if it's directed in the wrong lines, I can understand, if it's biting something out rather than biting it in, that is different. But to my mind the most perfect set of teeth, free from pyorrhea—or, as William Jennings Bryan, or Woodrow Wilson said, or somebody, that a rose by any other name would smell as sweet, whatever it is, pyorrhea, periodontal occlusion, or whatever it is—but why say that traumatism produces pyorrhea? If you want to eliminate pyorrhea put your teeth in occlusion so they will have the traumatic force that nature can apply, and put that patient, not on breakfast foods and the other million things we usually eat, but put them on honest to God foods and they will get well. And still they say that traumatism produces it. Leave a tooth out of occlusion and let it bite in a missing space, and see how long nature will keep it there? Like the hand that is tied, or any other organ, it loses its cunning; and the teeth are the same thing. (Laughter.)

But I really don't see, I don't understand and I never have understood traumatic injury. And I have heard Price, now I like Price, he is a good fellow, and I took a drink with him one time, although he didn't drink (laughter). But the question of vitality and virilency that you touched on, you are wrong. But for the fact that vitality overcomes virilency we would be all subject to pyorrhea and things. But there is a place between virilency and vitality, and we only acquire that virilency through proper digestion, proper foods, and proper elimination.

Now I construe traumatic occlusion each tooth hitting two others, as Dr. White just told me, "Like hell after ice water" (laughter), just as hard as they can, with cornbread and ham and collards. I consider that the greatest thing in the world to offset pyorrhea. You don't find it in the aborigines and the races that came on before us, long before tooth brushes and breakfast foods were invented. They had a way to take care of the chaff at that time, of course, the appendix was well developed into a stomach that took the chaff. But now we stand erect, and we have, well, more sense than they had, and we have been subjected to all of these diseases that a human being could be heir to.

But the question is, as you suggested, only in a reverse relation, is a question between virilency and vitality, and it's up to us to instruct our patients to keep your virilency and your vitality up above the reach of any germ that produces pyorrhea. Pyorrhea is not a disease, it's a local manifestation of a systemic condition, and when you eradicate the condition that produces that pyorrhea you get rid of it.

I would like to get your views on that. (Applause.)

Dr. Wallace Gibbs, Charlotte:

Doctor, I enjoyed your discussion (laughter). If you had followed me very closely—but I believe you say you didn't hear the first part of the paper. That is too bad, because I didn't emphasize traumatic occlusion. Well, you had better read what I said! I don't follow McCall and Stillman, at all, and I will talk with him any time about it. I do know this beyond a doubt, that there are certain cases of traumatic occlusion, but I am not especially interested in it. But there are injuries where a tooth can be really hammered out of line; I believe that, don't you?

Dr. Arthur H. Fleming, Louisburg:

In certain conditions.

Dr. Wallace Gibbs:

Yes.

Dr. Arthur H. Fleming:

But in speaking of the tooth being hammered out, what about the patient instead of biting the inlay in, they bite the tooth out (laughter). Well now, that is a question of mechanics, not traumatism. But I just wanted to ask what were your ideas of traumatic injury to any tooth.

Dr. Wallace Gibbs:

Well, my idea of traumatic injury to any tooth, I think that traumatic occlusion is one of the factors in pyorrhea. There is no doubt in my mind but that a lot of them come from that, but on the other hand if you are going to jam a filling down on the gum, down on that bone, why you are going to see a recession there, and that is local. I can't tell a man he has diabetes when that happens to him. So it's due to both factors I think, Dr. Fleming. I am just giving you my opinions, and I enjoyed your discussion. These are opinions, four opinions.

Dr. Jarrett, I appreciated your discussion very much indeed, and I thank you for what you have said about diagnosing. Regeneration of bone does take place. Now, in regeneration of bone I mean this, I mean recalcification of bone. Of course, if you are going to lose the matrix, that sort of thing, you can't do it. If you cut your finger off, why it is not going to come back; so you get that sort of thing.

Now, as for Dr. O'Rorke, I also have heard Dr. O'Rorke and he is very fine, and that is a very good point that you brought out. You may do some of that, it all depends on how you take it. I mentioned in my paper, if you will remember, not to depend exclusively upon your X-ray, but to let that co-ordinate with the other factors. With the X-ray you can get the progress, see the point of your progress. And in many of those cases, oftentimes they will regenerate up there again; call it what you will, the bone comes back. But you have to know that you get it. There are many cases where you don't have any chance of regeneration, as your examinations will show. I appreciated your discussion.

And Dr. Mizell, I appreciated your discussion very much. You are doing the same work I am doing, and I am proud to be in the same town with you. Your theory is very much like mine, and I hope we are both right. You brought out a good point about letting nature have a chance before removing the teeth. Now, I am just considered a little bit radical about it, I have tried out a few periodontal experiments to see what you can do. But if there are teeth real loose and there has been lost three-fourths of the bone, I think the tooth should come out at once. But I try if I can to save those teeth for say five or six years. You don't know whether you can get the results or not, but as a general thing you make your diagnosis and decide on that in the beginning.

The Doctor asked me a question about vital and nonvital teeth. I would think that in reattachment and in regeneration, you would be less likely to get good results from a nonvital tooth, than you would with a vital tooth. You may not agree with that, and I may be wrong. I never gave much attention to it. I have heard arguments both ways. I just don't know, because I haven't gone into that. The best way I could answer that would be to say, I don't know.

I appreciate all that has been said, and wish to thank you very much for your very kind attention. (Applause.)

President Keel:

Thank you Dr. Gibbs. Gentlemen, we are running a little late here. We will proceed with the program.

I am going to ask Dr. J. B. Richardson, of High Point, to introduce the next speaker.

Dr. J. B. Richardson, High Point:

Mr. President, Ladies and Gentlemen: It gives me a great deal of pleasure to welcome to the North Carolina Dental Society, and to introduce to you, a man who is bringing us the subject that is always of interest to us. I have never heard him before, but I am sure that he will be very interesting. Due to the position which he holds, I am sure that he is thoroughly competent. He is head of the Department of Crown and Bridge Work in the United States Navy Medical School in Washington, and he is a Lieutenant Commander in the Naval Dental Corps. And it gives me a good deal of pleasure to introduce him to you. Lieutenant Commander Francis Ulen. (Applause.)

Dr. Francis Ulen, D.D.S., Washington, D. C.:

Mr. President, Gentlemen of the North Carolina Dental Society, Ladies and Gentlemen: It's been said that a specialist is one who knows more and more about less and less. I have been specializing for some seven years, and you can see how little I know. Without any further remarks, I will read this paper to you.

A SMALL CASTING TECHNIQUE

An ideal inlay technique would be one which consistently would produce castings exactly filling the cavities for which they were formed and restoring in form and function the portions of teeth that had been lost.

Many will contend that such a technique never has existed and never will exist. I shall make no effort to dwell on the achievement of perfection. Let it suffice to say that the procedure outlined in this paper, if conscientiously followed, will produce casting of which you may be justly proud and which will give your patients years of satisfactory service.

For many years, empiricism has been the order of the day in casting technique. We have only to peruse our textbooks of a few years ago to find that men of outstanding professional reputation warmly advocated methods which are now generally recognized as being greatly at fault. However, due to a great deal of research in the past few years, we are approaching a rational method of procedure in this field. In this connection, allow me to state that no claim of originality is made for any part of the technic outlined herewith.

I shall make no mention of cavity preparation inasmuch as it is, in itself, a broad subject and one in which there is a considerable difference of opinion. We will consider that your cavity is perfectly prepared in such a manner as will permit the wax pattern to be readily removed without distortion.

May I digress from a discussion of the purely technical details involved for a sufficient length of time to say that the production of accurately fitting small castings, while not within itself difficult, does demand painstaking care and scrupulous cleanliness, and permits no lapsing into sloppiness or lack of attention to detail.

The cavity preparation having been completed, we are ready for the formation of the matrix. In all compound cavities involving both mesial and distal proximal surfaces and in most cavities involving only one of these surfaces, we use the copper band matrix for our pattern wax, extending it beyond the gingival termination of our cavity so that when filled with softened wax and carried to place, all parts of the cavity will be filled with wax under pressure. In those cases where our contact point is intact and contact is so tight as to preclude the slipping of the band between the teeth, the band may be trimmed so as to pass over the teeth at this point. This frequently causes additional work later, as the patient may not

be able to bring the teeth to normal occlusion with a band so trimmed in place.

A suitable size band is selected. One which rather closely fits the neck of the tooth is to be preferred, and one end is trimmed to follow the curve of the gingival attachment of the soft tissue to the neck of the tooth. It is then placed on the tooth and the occlusal end of the band is so trimmed as to allow the patient to come into normal occlusion and to go through the right and left lateral and protrusive excursions of the mandible without interference by the copper band. It is again removed and contoured mesially and distally by means of contouring plies, etc., and replaced on the tooth for final check as to gingival fit, contour, contact and occlusion, all of which having been made satisfactory, we now mark the buccal surface by a cross or niche so that when filled with softened wax we lose no time in ascertaining the correct line of introduction of the matrix.

Pattern wax may be softened either by the application of dry heat or by immersion in water held at the desired temperature. The latter method seems preferable, for it insures us an even softening and working consistency, allows us to know the exact temperature of the softened wax, and removes the possibilities of changing its working qualities through prolonged overheating.

The wax is impaled on a sharp point protruding from the lower side of a cork which is floated on the surface of the water in a heater of some type, the temperature is raised to the desired point, and sufficient time is allowed to elapse to assure softening. The wax is then removed, the copper band is filled with it and again placed in the water bath. The cavity is now prepared for the pattern by washing and is further cleansed by forcing into it and removing softened base-plate wax, several times. This softened base-plate wax will remove dust and debris which adhere to it and which may not have been displaced by the stream of water. I do not believe that it is necessary or desirable to lubricate the cavity when working by this direct method, particularly if care has been exercised to smooth the cavity walls by stoning after cutting with a bur and hand instrument; however, should this seem desirable to you, I would suggest the use of cocoa butter as the lubricant.

The wax-filled band is now removed from the heater, the impression surface of it is glazed by passing through a flame, and it is forced to place on the tooth, the occlusal end of the band being closed by the finger while it is carried to place, forcing the excess wax from the band at the gingival end. Care is used to force the band completely to place and maintain pressure over the occlusal end for at least one minute. This pressure is to overcome intermolecular attraction and any tendency on the part of the wax to assume a spherical shape while hardening takes place. The patient is now instructed to bring the teeth together and to go through the right and left lateral and protrusive excursion of the mandible, repeatedly, thus removing excess wax occlusally and aiding materially in the occlusal carving of the pattern. The occlusal carving is now completed, prior to the removal of the copper band.

The copper band is most readily removed from the tooth either by cutting with a sharp chisel or an inverted cone stone, after which

the proximal carving is completed and the entire pattern smoothed and polished by means of very fine grit disks and strips, followed by burnishing with dry cotton pellets. I know of nothing which gives as smooth a finish to a pattern wax as dry cotton.

Whether or not the sprue former should be attached intraorally or extraorally has caused some difference of opinion, but, to me it seems of little moment so long as the pattern is not distorted, either by removal or by the attachment of the sprue former. However, the method of its attachment is worthy of consideration. A sprue former heated and plunged into a wax pattern may cause distortion. A far better way is to apply a droplet of sticky wax to the surface of the pattern and to attach the sprue former to this wax droplet. The sticky wax does not soften the pattern to any appreciable depth and any tendency to distortion is obviated. The sprue former is now mounted in a crucible former and at this time it is well to check the height of the sprue former so that the pattern will be as nearly as possible in the center of the investment.

The wax pattern is cleaned by washing with either an aqueous solution of green soap or a solution of green soap in hydrogen peroxide. This washing must be thorough and painstaking and must cover all surface and angles of the pattern, the soap being applied by means of a soft camel's hair brush. The pattern is now dried by means of an air blast followed by brushing with a dry camel's hair brush. This brushing removes droplets of water which adhere to the crevices in the wax pattern and which may cause bubbles in our casting. The crucible former is coated with a thin film of oil and the whole set aside for the moment.

The next step is the lining of the casting ring with a pad of wet asbestos. All investments show a more rapid thermal expansion than the metal casting ring, and this sheet of asbestos placed between the wall of the casting ring and the investment material allows the investment to expand fully by compressing the asbestos pad. It is applied by cutting a strip of sufficient length and breadth to line the ring, moistening and applying it to the inner wall of the ring, and then removing the excess water by blotting or drying with a cotton roll or napkin. Now place the casting ring on the crucible former and check for relative height of the wax pattern and casting ring. It is well to have the pattern as near the center of the ring as possible, thus assuring a mold with walls of nearly equal thickness.

The next step and one of the most important steps in our entire technic is the correct proportioning of the water-powder ratio of our investment. It does not follow that an investment which at a given water-powder ratio gives us a combined setting and thermal expansion of 1.25 per cent, will give the same amount of expansion as another water-powder ratio. Nor can we depend upon a measure of volume to give us a correct weight of our investment powder. The water to be used in our mix should be carefully measured in a glass graduate, the lower curve of the meniscus being taken as the height from which our measurement starts. The investment powder should be accurately weighed. It seems desirable to have the invest-

ment weighed in 50-gram lots, which are placed in paper bags until ready for use. Some manufacturers supply their investments already weighed in small lots, with instructions as to how much water should be used with them and a thermal expansion curve for that water-powder ratio. In balancing our variables with a particular investment, the water-powder ratio used must be the same as that used in mixing the investment from which the thermal expansion curve was made. Say, for example, we have a thermal expansion curve showing an expansion of 1.25 per cent at 111.2° F. when our investment is mixed with a water-powder ratio of 50 grams of powder to 20 mills of water. This problem will be constant, and to always have 1.25 per cent expansion, we must always have the above water-powder ratio and temperature.

The problem of balancing the variables in the casting process is theoretically quite simple. Coleman has shown us and sets forth in his Bureau of Standards Research Paper No. 32, that the shrinkage of casting alloys in passing from the molten to the solid state is 1.25 per cent with a small plus-minus variation. Consequently, if our casting is made into a mold exactly the same size as the cavity for which it is intended, our finished product will be this much too small. But, we can overcome this shrinkage by obtaining an expanded mold, one which is 1.25 per cent larger than the wax pattern was at the temperature at which it was formed. This can be done in two ways, the first and simpler, by using an investment which, when heated, shows a combined setting and thermal expansion which is equal to and compensates for the shrinkage of the casting alloy. Christobalite investment is such a material. Unfortunately, Christobalite investment is not as yet on the market, but I am informed by reliable sources that it will be in the near future. This material has other advantages as it has a very nearly flat thermal expansion curve over several hundred degrees of temperature allowing us to cast nearly anywhere within this range and obtaining the desired expansion. It is also quite readily removed from the casting with no great amount of digging or scrubbing. The pattern must, in the above technic, be invested with materials at the temperature at which it was formed. If carved in a posterior tooth, we consider it at approximately body temperature, if in an incisor or cuspid, the temperature may be a degree less.

This is most easily done in a small room or closet, the temperature of which can be regulated and which may be raised at least as high as 98 degrees Fahrenheit, but may be done in an air bath of some type.

A second way of obtaining the desired expansion and one upon which most of us at present rely, is to compensate for our gold shrinkage partly by thermal expansion of our investment and partly by expansion of the wax pattern by heat before applying our investment. With many investments on the market at present, it is impossible to obtain more than .9 per cent combined setting and thermal expansion. We will take such an investment for example, although any investment showing as much as .7 per cent combined setting and thermal expansion may be satisfactorily used. The ex-

pansion (.9 per cent) of the investment subtracted from 1.25 per cent, the shrinkage of gold, would leave .35 per cent shrinkage uncompensated for, and our casting would be this much too small if nothing more were to be done about it. However, we know that within given ranges our pattern wax will show an average expansion of .04 per cent for each degree Fahrenheit that it is heated, hence .35 per cent divided by .04 per cent equals 8.75 degrees, the increase in temperature necessary to balance the variables with this investment. The pattern having been formed at mouth temperature, 98 degrees plus 8.75 degrees equals 106.75 degrees Fahrenheit, the temperature at which our investing materials and instruments should be and at which our investing should be done. This may be done either in airbath or a small hot room. The airbath is to be preferred to the waterbath, in that the expansion of the pattern has taken place prior to the investment and does not require the pattern to force aside the investment as in the waterbath, to the use of which there are several other objections. A third method of obtaining approximately the desired expansion, admittedly less scientifically accurate but nevertheless of considerable practical value, is the method of applying a thick mix of an investment to the wax pattern and then dusting with dry powder and vibrating until moisture appears on the surface of the investment. More dry powder is then dusted on and again vibrated and this is continued until no moisture comes to the surface of the investment upon vibration. The wax pattern is then set aside until this inner investment has crystallized or hardened, after which the investment is completed. Fairly satisfactory results may be obtained in practical cases by using an investment which, shows a combined setting and thermal expansion curve of .9 per cent in this manner, as the more dense mix of investment immediately covering the pattern assures us a greater expansion than shown on the thermal expansion curve.

In mixing our investment, prior to its application to the wax pattern, I prefer a hand-driven mechanical spatulator to either one driven by motor or to hand spatulation. The hand-driven spatulator while giving the smooth, velvet-like consistency to our mix that mechanical spatulation insures us, at the same time allows us to know the number of turns that we are making with our blade in mixing. You may consider this of minor importance but when you consider that you are attempting to standardize a technique for use in your own hands, it is worthy of consideration. The investment is now applied to the wax pattern by means of a camel's hair brush. It is not painted on, but is made to flow onto the pattern ahead of the brush, starting at one point and working from this point to cover all surfaces. This primary coat is smoothed either by means of an air blast or by vibrating, and then the second coat is applied. The casting ring is next placed on the crucible former and the investing completed by filling the ring, after which it is set aside and allowed to crystallize.

The wax elimination and thermal expansion of the mold is most readily accomplished by means of an electric furnace with thermostatic connections. The mold is placed in the muffle of the furnace

as near the thermostatic connection as possible, as the thermostat only registers the heat at the point of it's location. In an oven with a large muffler a foot or two in length there may be considerable variation in temperature.

The temperature is now raised to 400 degrees Fahrenheit over a period of one-half hour, after which it may be carried to the desired casting temperature as rapidly as the furnace will reach the temperature. The casting alloy should be placed on a crucible former in the furnace and allowed to heat also as this assures us a more rapid fusing when casting, thus minimizing the time during which the expanded mold might shrink after removal from the furnace and before casting. If the alloy is so preheated and a hot flame is used, no apprehension need be felt about the cooling of your mold.

The casting may be made with any recognized type of casting machine. I prefer the pressure type and with from four to ten pounds pressure, depending upon the size of the casting and of the sprue hole. In this connection, let me say that, it is well to use as large a sprue as possible and one which does not taper to a point. The only function that the sprue hole serves in casting is to convey the molten metal to the mold and this is most readily accomplished by means of a large straight sprue. The ring having been brought to the desired temperature, it is removed from the furnace to the casting machine, the casting alloy fused, and the casting completed, the casting pressure being maintained for sufficient time to insure solidification of the casting alloy. Due care should be exercised to avoid overheating and any so-called burning of the casting alloy which may cause changes in its physical properties. A hydrogen flame is to be preferred for the fusing of the casting alloy, inasmuch as it gives a large hot bluish flame which rapidly fuses the casting alloy and does not cause it to oxidize.

The casting is allowed to cool and removed from the ring, freed of adhering particles of investment and cleansed by boiling in a solution of equal parts of hydrochloric acid and water until all oxides are removed. Hot base metal pliers should not be plunged into the acid. We now neutralize the acid by placing the casting in a sodium bicarbonate solution, then rinse with clear water, and our casting is completed and ready for cementation.

If you wish to temper the finished casting by heat treating it can be done by heating to 450 degrees centigrade (842°F.) and allowing to cool to 250 degrees centigrade (482°F.) over a period of fifteen minutes. This is a thumb rule which is true in the case of most casting alloys. Different alloys require varying heat treatments to produce their greatest temper. Any of the three methods outlined above carefully followed, will produce casting with which you will be well pleased. However, it must be borne in mind that the human element does enter this field and that any technique must be fitted to the operator who may make slight changes to adapt it to his use. When he has once mastered his problem, he should always proceed in a like manner when using that same technique. I shall not go into the subject of finishing and cementation as the scope of this paper is limited to the production of the casting. (Applause.)

Now I have about seven slides here, it will not take long.

(Slide.) Now, as I have stated in my paper, I am not mentioning cavity preparation at all. This paper is even too limited to go into that. We presume that your cavity is perfectly prepared. In any case the first thing to consider in the formation of the matrix, is the cutting of the matrix and the formation of the pattern. Also I said in my paper that I claim no originality for this chart. It is from the Bureau of Standards. This shows a flow curve of three inlay waxes. The flow in percentage is shown to your left, here, and the temperature in both centigrade and Fahrenheit are shown at the bottom. The dark line represents mouth temperature, 98 degrees. I do all of my work by direct method, I prefer it, and in my own soul I believe it's the only accurate way to do. I am sure that many of you disagree with me. This, however, takes for granted that the direct method is used. In selecting an inlay wax, we want one which will soften above mouth temperature, and only slightly above mouth temperature, and which at mouth temperature will be sufficiently hard to fracture if an undercut is present. We want that softening to be over a very short heat range, we don't want a curve like that. So, you can see that inlay wax No. 1, here, would be undesirable, because it started softening at about 93 degrees Fahrenheit, below mouth temperature. That inlay wax would distort upon withdrawal if you had an undercut. Naturally it's not to be used. Again No. 3 here, requires about 115 degrees to soften. That is all right, you can use that wax, and some men prefer that type of wax to the second here. However, for the great majority of people I am sure that they would prefer the wax that will soften slightly above mouth temperature, and this softens at 105 degrees, it starts softening there, and at about 107 degrees it shows 70 per cent flow, when subjected to a given weight. Now that given weight I am not prepared to quote here, but you can get that information.

(Slide.) Now this is nothing in the world but a representation of your problem. This is your mouth temperature, plus the expansion here. It is formed here at 98 degrees when taken out into a room, varying we will say from 65 degrees perhaps in winter time to above 98 degrees sometimes in the summertime. Well, say that we remove this wax pattern in a room less than 70 degrees, it would spring from here to there. Naturally that must be compensated for, regardless of what your investment was. This can be taken care of, as I told you, in either

a small hot room or an airbath. An old telephone booth makes an excellent investing cabinet. Our investment is done at mouth temperature, then the mold is exactly the same size as it was when formed. We have an investment which, when heated to a known temperature, will expand one and a quarter per cent (one and twenty-five one-hundredths of one per cent). So by this method we arrive at the same size we started with and we have a casting which should and will fit.

(Slide.) This is a thermal expansion curve. This is mixed, by the way, was mixed a hundred grams of powder to 32 millimeters of water, and with that water and powder ratio, you will get this expansion. This is the expansion in tenths per cent or hundredths per cent, if you prefer. This is your temperature in degrees centigrade. But that casting must be made at approximately five hundred degrees centigrade to get the expansion, and you get your result here of 4.4 of expansion. Now this is the curve I spoke of, going from here over to here, a difference of two hundred degrees centigrade. And that is so nearly perfect that, well it wouldn't make any difference.

(Slide.) This is a representation of the problem, using an investment which does not flow to compensate to the contraction of the metal. The first part of it we have the springing from mouth to room temperature. We carry that back to mouth temperature, 98 degrees, and we are right on a line where we started from. However, we know that your investment is not going to give us that entire expansion, from here over to here, it's only going to give us that much. So we will expand our wax pattern prior to expanding, this much. This when heated will give us this much thermal expansion. These two expansions combined will compensate us in this case and give us a casting that will fit.

(Slide.) I don't own any stock in this company! It just happened to have this trade name on this. This particular curve is from some information that was given me by the Bureau of Standards, and I think was copied from a magazine. It is one hundred per cent of thermal expansion. This investment is mixed at 32 C.C. and a hundred grams of water and is heated to 1292 degrees Fahrenheit, seven hundred degrees centigrade, and gives this expansion here.

(Slide.) Now, this is the thermal expansion curve of an inlay wax. That gives an expansion of four one-hundredths of one per cent of it, but that don't mean over all ranges, it's only

in given ranges, from this range over here to four one-hundredths of one per cent. Over here they don't do that.

(Slide.) Now we have here the variables, and this is the sum and substance of about eight years research by some very clever capable men. This expansion of .9 per cent of the investment, subtracted from 1.25 per cent, the shrinkage of gold, would leave this .35 per cent shrinkage uncompensated for, if nothing else were done. But we know that in given ranges our pattern wax will show an average expansion of .04 per cent for each degree Fahrenheit that it is heated, therefore .35 per cent divided by .04 per cent equals 8.75 degrees, temperature increase necessary to balance the variables in this investment, bearing in mind of course that we use the correct water-powder ratio. Then at the temperature indicated, we will get the casting that will fit.

I think that is all, isn't it, Doctor? (Applause.)

President Keel:

Gentlemen, this paper is now open for discussion. I will ask Dr. Alford, of Charlotte, to open the discussion.

Dr. F. O. Alford, Charlotte:

Mr. President, Ladies and Gentlemen: We have just heard this most wonderful paper, and I thoroughly enjoyed it and I believe every man here derived a lot of benefit from it.

Dr. Ulen has outlined this technique in a very detailed and comprehensive manner.

For reasons stated he does not go into detail about cavity preparation, which in my mind, is the very foundation to successful inlay work. Too much pains cannot be taken in the preparation of the cavity and getting a bevel on the gingival margin. If this is not carried out properly, the first error of the technique has been committed and we cannot hope for good results.

I have never used the copper band for the matrix for wax pattern, but it seems to me it would serve the purpose extremely well by allowing the natural movements of the mandible in working out the occlusion in the wax. I would like for the doctor to explain how he restores the space taken up by the band at the contact point. Is the band cut below the contact point to allow the wax to form contact with the approximating tooth, or is this space restored with wax, after the pattern is

removed from the cavity? If wax is added, does he use a wax that melts at a lower temperature than that used to form the pattern, to prevent the softening and possibility of distortion of the pattern?

I am glad to hear him say that the wax should be held under pressure until it has assumed its new molecular position. Dr. Robert P. Dressel, of Cleveland, says, "It has been estimated by various men who have spent considerable time experimenting with waxes, that wax removed from the mouth to room temperature will contract anywhere from two and one-half to seven per cent, so too much stress cannot be laid on the proper condensation of the wax in the cavity." If the maximum condensation is not obtained and the wax contracts a certain per cent and then the contraction of the gold takes place, it can readily be seen that a casting is produced which is far from a fit. This step in the technique should always be observed, I think.

I firmly believe that an inlay pattern should never be attempted where the field is bathed in saliva. We have two types of saliva to contend with, the thin watery saliva and the thick ropy saliva. Saliva has thickness and proper adaptation of the wax to the cavity walls cannot be very successfully accomplished if there is a cushion of saliva between the wax and the cavity walls. The cavity should be free from saliva, or moisture of any nature, and the walls painted with a very thin coating of cocoa-butter, which will act as a lubricant and not lend thickness to the cavity nor act as a wax solvent.

The use of the softened base plate wax to cleanse the cavity of dust and debris which cannot be washed out with water is an excellent idea.

It is my opinion that the sprue former should be attached to the wax pattern directly in the mouth, whenever possible to do so and withdraw the pattern on the sprue former. This will avoid the possibility of distorting the pattern when attaching the sprue later and prevent the breakage of the fine margins by handling the pattern. The droplet of sticky wax, which was mentioned for the sprue attachment, can be applied to the pattern in the mouth and the sprue attached to this, which is a very good idea and I am glad it was brought out.

I am not in position to discuss the merit of lining the casting ring with asbestos to allow for the expansion of the investment, which seems perfectly logical.

I think the water-powder ratio of investments is most important and should always be the same with a given investment material. The different investments are mixed in different proportions. I would like for Dr. Ulen to tell us what investment he uses.

Dr. Ulen discussed three methods of overcoming the contraction of casting alloys. (1) By the use of Christobalite investment which, when heated, shows a combined setting and thermal expansion that is equal to and compensates for the shrinkage of the alloy. I have never used this investment but it sounds good and I want to try it. (2) Partly by thermal expansion of our investment and partly by expansion of the wax pattern, by heat, before the investment is applied. This is a very exact procedure and requires a lot of equipment to keep the materials and instruments at the desired temperature all the time. From an economic standpoint, I think this is unsound. (3) By applying a thick mix of the investment to the pattern and then dusting with dry powder and vibrating until moisture appears on the surface. More powder is added and vibration continued until there is no moisture on the surface of the investment. While this method is less scientifically accurate than the other two, I consider it very practical. I have used this method for some time and I am well pleased with the results. It is rapid and fool proof. This will give us a hard core and hard investment around the pattern. The harder the core, the more the expansion. I have found it wise not to use a core that is too hard in the three-quarter crowns.

I think the hand-driven mechanical spatulator should by all means be used to mix the investment. If you have one of these mechanical spatulators, mix two batches of investment, one with it and the other with plaster spatula and place the two on a slab to set. After they are hard, break the two and examine a cross-section of each. This test will show which is better.

For wax elimination, I consider the electric furnace by far the best method. I have seen some men use an electric hot plate, which can be bought for a dollar, for this purpose. There is no thermostat on these, but one can determine when the wax has been eliminated by the color of the investment. The investment will first be white, then turns to a dark brown or black, then to a light brown around sprue opening and white around the ring. When we have this color, it is ready for casting. About twenty to twenty-five minutes are required to burn the

wax out. Care should be used not to over burn the investment.

I am pleased that the Doctor said allow the casting to cool before removing it from the ring. I do not believe a ring should ever be plunged into cold water to cool until it has cooled sufficiently to pick up with the fingers. I am also glad he brought out boiling the casting in a solution of acid instead of heating it and plunging it in the solution.

Dr. Ulen we are very grateful to you for this presentation. (Applause.)

Dr. H. O. Lineberger, Raleigh:

Mr. President, I want to thank Dr. Ulen for the paper and also for the discussion we have had, but I would like for Dr. Ulen to go a little further on the matter of temperature of his finished inlay. I think that was brought out by the discussion.

President Keel:

Is there any further discussion?

Dr. C. D. Wheeler, Salisbury:

Gentlemen, I have enjoyed this paper, and also the discussion, very much. Because I am not satisfied with my results of inlay work. I make some failures, some complete failures. (Dr. Ulen: So do I!) They don't fit for me, always. There are one or two things I would like for him to try to help me out a little on. Sometimes I attempt to cast and the gold seems to fly back. Part of it will cast, and it will just break loose. I would like to know if you can tell what causes that. Another thing I would like to know that Dr. Alford mentioned, is what kind of investment is that you use, and how are we going to know when we have got the proper kind of investment. You get the name and that is all you know. You don't have any specifications on your package at all, you don't know what you have got. And if we can know that, if we can know what we are dealing with, there would be some way to put it up there. I think we ought to force the manufacturers to put the specifications on the package, and unless they are there I think we ought to refuse to use them, just quit. We can't tell how much expansion we are going to get, we can't tell anything. But when you make a casting and it don't fit, you talk to the representative of the manufacturers and he says it's our fault, that we don't handle it like the directions say.

Another thing that I would like to know is, if it makes any difference as to the kind of gold for casting. I know that men have supposedly authorized or recommended soft golds for inlays, not because they cast better but because they reduce the probability of failure. And we have so many commercial products, different kinds of gold, and we know absolutely nothing about how they will cast or how much they will contract and expand.

And another thing I would like to know, is the heat of gold before you cast it. Should that be at a white heat or does it make any difference. As soon as it becomes moulton, is that the time to cast?

I have enjoyed it very much.

President Keel:

Is there any further discussion or questions that you would like to ask Dr. Ulen? He has a box full over there now, but I am sure that he will be willing to answer any question he can. Is there any other question?

Dr. C. D. Wheeler, Salisbury:

Doctor, I want to ask one other question, excuse me. They mentioned something about mixing the investments with the mechanical mixer. They say to rasp it down and place some more powder on it and rasp that down. Now, if it helps to mix it thoroughly, I don't understand how you can get by with putting your powder up there that isn't mixed at all. I would like to know about that.

President Keel:

Are there any other questions? If not, I will ask you to close your discussion, Dr. Ulen.

Dr. Francis Ulen:

Well, I will try to answer some of these. Dr. Alford, first of all, spoke of cavity preparation. That is the foundation of all successful inlay processes, there is no doubt about that, you are one hundred per cent correct. In regard to your question as to the contact point, how it might be restored? Do you mean the contact point approximately where the casting is to come into contact with the next tooth?

Dr. F. O. Alford, Charlotte:

Yes.

Dr. Francis Ulen:

I restore it by adding a drop of wax, after removing the wax pattern from the tooth. This wax pattern does not have to be of a lower temperature, it will chill sufficiently when you just place the small bulk on there. You will not get a disposition of the pattern that way. You can run it over the margin all right, quite easy. If you handle it quite daintily it will be all right. A cavity should not be full of saliva and sloppy.

Dr. Lineberger, I believe you asked me about tempering, is that right?

Dr. H. O. Lineberger:

Yes sir.

Dr. Francis Ulen:

Now, it's been definitely established that tempering is not purely a physical action at all, it is physical and chemical. Coleman told me recently, that when this gold alloy hardens there is a change, a chemical combination of copper with gold, that the crystal formation is keyed together by these small bits of chemically combined metals. Incidentally, these chemically combined metals are very rigid. The longer the cooling, the more of this chemical combination, which is unyielding. Hence, if you temper your alloys thirty or forty-five millimeters, you will have such an enlargement of this composition in your alloy that it will break like glass. The cooling over approximately fifteen minutes gives you just about the desired amount of this composition to key your crystals together. Now metals, when torn or when broken, break along lines of cleavage in these crystals; these crystals are hexagonal or octagonal probably, and it has lines of cleavage through it. Now, when that crystal is torn, it's torn along that line of cleavage, these little depositions of chemically combined metals, key these bits of metal all together, just as the key in an old wagon wheel when the axle is turned.

Now, too rapid cooling will give you too small amount of this keying, too long cooling, too much, consequently hardness and fracture. Now, it is absolutely true that no two alloys require

exactly the same method of tampering. You doubtless recall that in this paper I said, this is a thumb rule that is applicable to most all alloys and it is applicable to all alloys within limits. However, if you wanted a perfect rule for tempering an alloy, there is no place in the world that you can get it; they have never been worked out for all different alloys.

But that is a good method, and if you cool that between those temperatures I gave you, by heating to 450 degrees centigrade or 842 degrees Fahrenheit, and allowing to cool to 250 degrees centigrade or 482 degrees Fahrenheit, over a period of fifteen minutes, you will get a well tempered metal.

Now, Dr. Wheeler wanted to know first of all about the metal separating from or pulling in two. Several people have wondered about the same thing. The best explanation I knew of is that metal contracts through the centers of the greatest bulk. You have the bulk of metal at the mound and another at the bottom; those are the greatest bulks of gold and are contracting, of course, in those two points, pulling along the sprue. Now you are going to say, would it happen every time? I don't know, I don't know, but it's the explanation given me.

Dr. C. D. Wheeler:

You mean it contracts through the greatest amount of gold?

Dr. Ulen:

Towards the center of the greatest bulk. I tell you, write to N. O. Taylor, Minneapolis, and put that question to him, and he will answer it much better than I can.

Now, in regard to the kind of investment used, certainly some manufacturers do publish expansion curves on their packages. This firm in Chicago—well I can't think of their name—but their expansion curve—I will think of it in a minute and tell you—is right on the box. Or, if you want to, if you will follow your literature in castings, particularly in the Journal, you will be able to find what investments do. I have not cared so much about this particular field. The way to force these manufacturers to tell you what they are putting out is to back this work that the Bureau is doing, and that work, incidentally, is not the work of the Bureau of Standards alone but it's the work of what the American Dental Association is sponsoring and paying for to a large extent. So my answer would be, to that, to be a

good member of your local society and the National Society, the American Dental Association.

Now, with regard to the kind of gold used, we originally used the figure of 1.25 with our experimenting, but since that time they have tried a great many different golds.

There is one other point which I think some one asked about, or maybe some one whispered it to me there; as to how we know that this wax is at 98 degrees in a man's mouth. We know that because the Bureau of Standards put thermostats in wax patterns and placed them in people's mouths. Incidentally, they chilled the wax with tap water, not ice water, but ordinary tap water, and they ran the temperature down perhaps around 80 degrees Fahrenheit, and before they were able to remove it from the mouth it would be back up to 98 degrees Fahrenheit. Quite interesting! Is there another question?

Dr. C. D. Wheeler:

Does it matter whether the gold, just before you cast it, whether it's white heat or not?

Dr. Ulen:

It would depend on your casting gold. On most gold you see stamped on the package your fusing temperature. There are two temperatures in metals that are frequently confused; one of those is called the fusing temperature. Your fusing temperature is when your gold is thoroughly liquefied and ready to cast. You take, for instance, White's inlay gold Number 2 fuses at 1608, if I am not mistaken, and that would be the temperature to fuse that gold. Somebody else's you might want to fuse at another temperature.

Is there any other question? I thank you very much. (Applause.)

President Keel:

Doctor Ulen, we enjoyed your paper very very much, and also the discussion.

Gentlemen, we are going into a meeting in a few minutes of the House of Delegates. All members of the House of Delegates will please come forward and take these front seats.

The meeting then, at 4:30 o'clock p.m., adjourned.

FIRST DAY—MONDAY, MAY 2, 1932

AFTERNOON SESSION

MEETING OF HOUSE OF DELEGATES

The House of Delegates was called to order at 4:30 o'clock p.m.

President Keel:

The House of Delegates will please come to order. I will ask the Secretary to call the roll.

PRESENT

Dr. Dennis Keel, Greensboro; Dr. Wilbert Jackson, Clinton; Dr. N. P. Maddux, Asheville; Dr. W. F. Clayton, High Point; Dr. S. B. Bivens, Charlotte; Dr. A. D. Abernethy, Granite Falls; Dr. Charles S. McCall, Forest City; Dr. C. B. Yount, Hickory; Dr. G. E. Kirkman, Greensboro; Dr. D. K. Lockhart, Durham; Dr. R. A. Wilkins, Burlington; Dr. J. M. Fleming, Raleigh; Dr. Paul Jones, Farmville; Dr. Dewey Boseman, Wilson; Dr. W. L. Hand, New Bern; Dr. L. R. Gorham, Rocky Mount; and Dr. Z. L. Edwards, Washington.

President Keel:

I declare the House of Delegates has a quorum and now open for business.

Is there anything to come before this organization that you know of, Mr. Secretary?

Dr. N. P. Maddux, Secretary-Treasurer:

No sir.

President Keel:

Is there any other business.

Dr. Paul Jones, Farmville:

Mr. President, if there are any committee chairmen present who have their committee reports ready at this time, I would suggest that you get those in and get them over, if it's possible.

President Keel:

Thank you, Dr. Jones, I was coming to that as soon as we get this other business over, if there is any. Are there any

resolutions that anybody would like to hand in for the Resolutions Committee to act on? It seems there are none. Is there anything else to come before this body, of any description; if not, I am going to start to asking for the committee reports.

Dr. A. T. Jennette, Washington:

Mr. President:

The report of the Golf Committee of the North Carolina Dental Society, May 2, 1932, is as follows:

Through the courtesy of the Elizabeth City Country Club, a Golf Tournament will be held for the members of the North Carolina Dental Society. There will be three events.

FIRST EVENT—FLAG TOURNAMENT

First Prize—\$25.00 Credit Memo, donated by the Rothstein Dental Laboratory, Washington, D. C.

Second Prize—Cigar Box, donated by the Coöperative Dental Laboratory, Baltimore, Md.

Third Prize—One-half Dozen Golf Balls, donated by Powers and Anderson Dental Company, Richmond, Va.

SECOND EVENT—MEDAL HANDICAP FOR 18 HOLES

First Prize—\$25.00 Credit Memo, donated by the Raleigh Dental Laboratory, Raleigh, N. C.

Second Prize—One Dozen Golf Balls, donated by the Virginia Dental Laboratory, Norfolk, Va.

Third Prize—One-half Dozen Golf Balls, donated by Harris Dental Company, Norfolk, Va.

THIRD EVENT—LOW GROSS SCORE

Prize—One-half Dozen Golf Balls, donated by Thompson Dental Company, Greensboro, N. C.

Respectfully submitted,

A. T. JENNETTE, *Chairman.*

W. I. HART,

J. M. KILPATRICK.

(Applause.)

It was moved, seconded, and unanimously carried, that the foregoing report be accepted.

President Keel:

Are there other reports at this time?

Dr. L. H. Butler, Hertford, Chairman of the Entertainment Committee made a report of the arrangements of the Entertainment Committee. This report was unanimously adopted, and the committee was complimented for its endeavors.

President Keel:

Are there other reports at this time? Dr. Nixon, do you want to submit your report at this time?

Dr. H. E. Nixon, General Chairman, Local Arrangements Committee:

Mr. President, I have mine, if they want it. Mr. President and Members of the North Carolina Dental Society:

As General Chairman of the Local Arrangements Committee in Elizabeth City, I beg to submit the following report:

In May, 1931, immediately after our meeting in Winston-Salem, your Arrangements Committee went to work. Our first step was to make arrangements with the Virginia Dare Hotel for Convention Headquarters. The hotel assured us of their whole-hearted coöperation, and wrote us a letter stating that the Convention Hall, Lecture Rooms, Exhibit Space on the Mezzanine Floor, and a large room for the Executive Committee, would be at our disposal *Free of Charge during our meeting.*

The coöperation that we have received from the management of this hotel in trying to arrange for this meeting has been excellent.

Mr. Jones, the manager, has worked hard with us trying to make this meeting a success, and has stood ready to assist us in any way possible.

As General Chairman of your committees I called a meeting of all the local members, and formulated our plans for this meeting and went to work. At our group meeting in this District we discussed our plans, and every member present offered their support in any way they could assist.

The Entertainment Committee went to work to arrange for our Banquet, Golf Tournament, Fish Fry, Boat Trip, Dance, Trip to Roanoke Island, and to assist the ladies in entertaining the visiting ladies. This Committee has made its own report.

The Committee made plans for a Golf Tournament to be played at the Elizabeth City Country Club on Tuesday afternoon, for those that wished to play. The prizes were donated by the different supply houses, and laboratories. This Committee has already made its report.

Your Chairman made a survey of the hotel and furnished your Secretary with floor plans of the Convention Hall, Lecture Rooms, and Exhibit space.

Several mailing lists were made and furnished to the following organizations in order that letters could be mailed to every member in the State; the Virginia Dare Hotel, Chamber of Commerce, Merchants Association, Manteo Chamber of Commerce, Edenton Chamber of Commerce, and the *Independent* newspaper. The *Independent* has coöperated with us in every way they could in order to make this meeting a great success. They printed a *Special Edition* and mailed

to every member in this State. We wish to thank Mr. W. O. Saunders, of the *Independent*, and all of these other organizations for the wonderful support they gave us in mailing these letters and papers at different times in order that we might keep this before the members and to stimulate interest throughout the State.

Your Committee has had from time to time several articles run in the different papers over the State, regarding the meeting, and especially the wonderful program that we have had arranged for us by our Program Committee. This was started just after the first meeting of our Executive Committee in Raleigh.

We have made reservations for our guests, and they were entertained by your Committee to the best of their ability.

Letters were written to every Clinician in the State asking them what we could arrange for their convenience, while attending this convention.

Letters were also mailed to every Foreign Clinician asking them the date that they would arrive in the city, and what we could arrange for them in giving their clinic. Also arrangements were made to meet them at the train and buses.

Letters were also mailed to the Physicians in this section inviting them to attend our meeting.

Letters were mailed to every Delegate of the Medical Society extending to them a cordial invitation to attend our entire program.

Two clinic rooms were kept ready at all times, and were supplied with colored crayons, blackboards, tables, screens and pointers.

Arrangements were made with the First and Citizens National Bank here to furnish us with four adding machines for the election of officers on Tuesday night, and a man to operate them.

Arrangements were made with the hotel for breakfast on Tuesday morning, and for the banquet on Tuesday night. To Mr. E. J. Jones, manager of the hotel, and Mr. Charles Vanture, his assistant, we wish to thank them most heartily for the services they gave us on these two occasions.

To the local ladies, and members of the Woman's Club we express our deepest appreciation and sincerest thanks, for their coöperation in helping to entertain the visiting ladies, and make this meeting a great success.

To the Elizabeth City Country Club we wish to express our sincere thanks for the use of the Golf links, and the grounds for the fish fry.

To Commander D. Frederick de Otte, we wish to express our sincere appreciation for the use of the Pamlico Boat in taking the ladies down the river.

As General Chairman I have tried to answer all correspondence and to make all arrangements for this meeting in keeping with previous meetings, and in every way tried to coöperate with the officers of the North Carolina Dental Society.

Every reservation has been given my personal attention and every one has been taken care of to the very best advantage we possibly could arrange.

I wish that it were possible for me to thank every man personally who has worked with me during the year, my deepest appreciation

for their loyal support, and whole-hearted coöperation in trying to make this meeting one of the best we have ever had, and again I wish to thank them for this wonderful coöperation.

Respectfully submitted

H. E. NIXON, *Chairman.*

It was moved, seconded, and carried, that this report be unanimously adopted. (Applause.)

President Keel:

Dr. Nixon, we thank you for this most comprehensive report. Are there other reports that we may have read at this time? Dr. Poindexter have you your report there ready?

Dr. C. C. Poindexter, Greensboro:

Mr. President and Gentlemen:

REPORT LIABILITY INSURANCE COMMITTEE

Elizabeth City, N. C., May 2, 1932.

To North Carolina Dental Society Annual Conference:

Your Committee wishes to report that while there are a total of 454 members in good standing in this Society the records of the Ætna Life Insurance Company indicate that only a total of 278 such members have availed themselves of the Professional Liability Insurance under Group Policy issued by that carrier and held by the Secretary of the Society. We believe that every member of the Society should be insured against loss for his professional acts and as the Ætna Life Insurance Company has furnished satisfactory protection at a reduced premium charge which is within the reach of all of our members we believe this Society should recommend that each member in good standing secure such protection under the Group Policy referred to.

During the past year there have been numerous claims for indemnity for alleged error or mistakes made by our members in the practice of their profession. We are glad to note that to date only four of such claims have resulted in court action. We believe this is a result of a very efficient claim adjustment service rendered by the carrier in connection with the settlement of such claims which have prevented them from becoming court actions.

Total cost of the four cases referred to amounted to \$5,262.10, all of which was paid by the Ætna Life Insurance Company. It may be of interest to note that the amount of damages as demanded in connection with these four claims, however, total \$71,000.00 and if the defense of these actions had not been of the best the cases would have, no doubt, exceeded the total of \$5,262.

Your Committee believes that the Group Policy Plan at present in force is functioning satisfactorily and we believe that every member should be cared for their professional protection under same.

We, of course, desire to continue the very reasonable premium charge made for this coverage and we feel sure that the only way to accomplish this is to secure for the carrier every member in good standing under this Group Contract.

Your Committee,

C. C. POINDEXTER, *Chairman.*

T. A. WILKINS,

J. P. BINGHAM,

H. R. CHAMBLEE,

L. J. MEREDITH.

(Applause.)

Dr. J. Martin Fleming:

I would like to ask Dr. Poindexter, before he sits down, how many cases were fought out without compromise, how many were carried to the Supreme Court, if any. Is it the policy of the Insurance Company not to fight them through the Supreme Court?

Dr. C. C. Poindexter:

No sir, they will fight them through the last court, as I understand it.

Dr. J. Martin Fleming:

Why were they not carried through to the final court?

Dr. C. C. Poindexter:

I say, I think they would.

Dr. J. Martin Fleming:

You say they have settled, paid that much money out, that the Insurance Company has paid out that much money. I don't remember a single suit that was carried to the Supreme Court and lost there, and I just feel like that if the profession knew that the Supreme Court was with us, that they wouldn't be so free to compromise a case but we would fight it to the last ditch, and I think the Insurance Company should help us that much.

Dr. C. C. Poindexter:

Certainly, I think so, too. But there are some members who have been glad to compromise, rather than go to that extent. It might not be right for them to do so, but they had rather do it.

Dr. J. Martin Fleming:

Of course it's not right.

Secretary Maddux:

Dr. Fleming, Mr. Riddix is in the hotel now, I think. He can inform us on the point you brought out, I am sure.

President Keel:

Dr. Poindexter, will you get in touch with Mr. Riddix, of the Aetna Life Insurance Company, and let us know about this at another House of Delegates meeting? Thank you.

In the meantime, Gentlemen, what shall we do with the report of the Liability Insurance Committee?

(It was moved, seconded, and carried that the report be accepted.)

Are there any other reports at this time?

Dr. J. S. Betts, Greensboro:

Mr. President, Dr. Neal Sheffield is Chairman of the Auditing Committee, but Dr. Sheffield cannot be here and he asked me to bring this report and have it signed by the other two members. The other two members are not here; that is, if they would sign it. They are R. E. Williams and Burke W. Fox. But Dr. Sheffield is the Chairman of the Committee, and I will read his report, if you so desire.

We, the Auditing Committee, of the North Carolina Dental Society, submit the following report: Inasmuch as the Auditing Committee is not a standing committee but is one of the special committees with no duties outlined in the Constitution and deeming it unnecessary to give a report, unless it was thorough and accurate and as the duties of the Annual Audit are covered by the duties of the Executive Committee (1931 Proceedings, page 165); We, the Auditing Committee, recommend that either the Auditing Committee be abolished, or made one of the standing committees with full duties outlined. Signed,

NEAL SHEFFIELD, *Chairman.*

President Keel:

Gentlemen, you have heard this report; what is your pleasure?

Dr. E. B. Howle, Raleigh:

I move that the Committee be made one of the standing committees.

President Keel:

It has been moved that the Constitution and By-Laws be changed to that effect.

Dr. S. B. Bivens, Charlotte:

I move that the report be received as information, to be looked into and acted upon at some later date.

Dr. Paul Jones:

I second that motion; and I would like to add, that in view of the fact that it is a special committee, and it would be in the discretion of the President in my mind whether he would appoint this committee or not; in view of the fact that the duties of the Auditing Committee were created and were necessary at the time it was first appointed, but now have been covered by amendment to our Constitution since then. It could be left out, if it was in the pleasure of our President. It has been covered and it is a duplication now, and I think we can receive the report and leave the matter entirely up to our incoming President, without any delay.

President Keel:

Is there a motion before the house?

Dr. E. B. Howle:

Mr. President, my motion was not seconded and I beg to withdraw it.

Dr. Z. L. Edwards, Washington:

Mr. President, I heartily endorse what Dr. Jones has said.

President Keel:

It's been moved and seconded, you all heard the motion, that this matter be left up to the incoming President, and be decided at a later date. What is your pleasure?

Dr. Z. L. Edwards:

Mr. President, I don't think it ought to be left to the incoming President, I think we should decide it right here.

Dr. S. B. Bivens:

Mr. President, that is in line with my motion, that the report as read be received as information, to be looked into and acted upon by this House of Delegates at some future meeting.

Dr. Wilbert Jackson, Clinton:

Mr. President, if you are going to make the Committee a standing committee, with special duties, it necessarily takes a change in the Constitution. Then the motion had better carry as Dr. Bivens has made it, you better appoint your committee to change your Constitution, because that will have to lay on the table from one meeting until the next meeting before it can be passed. We only have two more meetings of the Delegates, one tomorrow and one Wednesday. In order for that to be disposed of, it will have to be stated at that time and your committee will have to report this tomorrow and again Wednesday, in order to dispose of it at the time, if you are going to make it a standing committee. However, that committee can report favorably or unfavorably, and we can accept it. But anything that comes before this Society, like changing the Constitution and By-Laws, will necessitate two meetings, and I wanted to call your attention to that because I don't care to have that duty next year, and I think it's one that the House of Delegates should pass on. But if you want to dispense with the Auditing Committee, let's do it right so there won't be any question about it in the future. If you are going to change the Constitution and By-Laws, it can be done, but you will have to start at this meeting of the North Carolina Dental Society Delegates.

Dr. J. S. Betts:

Mr. Chairman, the suggestion in this report here is, that we abolish the standing committee, either do that or make it a standing committee. Well, why not just let it die, in not appointing one next year; just accept that report and just not have a standing committee next year. Now, Neal Sheffield said this to help, "I just feel like a dunce, looking over a few figures that are displayed to me, as Chairman of the Committee, and say, Why everything is correct, I don't know a dern thing about it. I just don't care to make a report that I have looked over things and everything is in apple-pie order, that I am not in a

position to say about." And he is exactly right. The Executive Committee includes this function in its duties; why have an Auditing Committee, then?

Dr. Wilbert Jackson:

Pardon me for rising again, but in trying to appoint the various committees and lining up the committees for the next year, I have asked myself several times "Why so many committees?" and probably that is what you are asking about this Auditing Committee. Now there is not going to be any committees abolished and Jackson abolish them, if they are abolished the House of Delegates is going to do the abolishing. So whatever action you take is going to be followed throughout the next year. Not any of them are going to die a natural death, because they are going to be appointed if you don't abolish them.

President Keel:

Is there a motion before the house? From the floor: "Yes. Yes. Yes."

Dr. J. M. Fleming:

Does calling for the question settle it? If we carried that motion it don't seem that that would settle it. I offer as a substitute motion that we receive the report as information, and let it rest right there for a moment, and then let's do something else.

President Keel:

All in favor—

Dr. E. B. Howle:

There is a motion before the House, Mr. President.

Dr. J. M. Fleming:

I offered that as a substitute, you know.

Dr. Wilbert Jackson:

If Dr. Fleming offers that as an amendment, I will second the amendment.

Dr. J. M. Fleming:

I offered it as a substitute, but let's call it an amendment.

Dr. S. B. Bivens:

Mr. President, I will withdraw my motion, if the second will agree to it, and then we will be in order for a new motion, to act upon.

President Keel:

I don't know just where we are, now. I would like to tell you what I think about it however. We have overlapping duties here in this Auditing Committee, it has no functions that I see. I see no reason for its continuance. In view of that fact, I don't see why we don't just let it die a natural death, or abolish it right here.

Dr. J. M. Fleming:

I would rather see it go; let's kill it.

Dr. S. B. Bivens:

I will withdraw my second to the motion. Dr. Fleming has put a motion before the House, I would like to second Dr. Fleming's motion, that this report as read be received as information.

This motion was unanimously carried, as last stated above.

President Keel:

Let's take up the question of this Auditing Committee and those of you who know something about the committee, tell us something about it, so we will be able to intelligently act regarding it. I am going to ask Dr. Jones to rise and tell us all about that committee.

Dr. Paul Jones:

The duties of this committee have been covered by the two Executive Committees, the outgoing and the incoming, and this committee was not a standing committee but was a special committee. At the time this committee was created, there was a necessity for it, I would say, but since we have amended the Constitution as we did last year, why I don't see that this committee is necessary any more. And we could well abolish it, without hurting the machinery of the Society. That committee is not a part of the Constitution, at all.

So I make a motion that we abolish the Auditing Committee.

Dr. J. M. Fleming:

I second the motion.

This motion was unanimously carried.

President Keel:

Is there any further business to come before us this afternoon?

I have been asked to recognize Dr. W. F. Bell, of Asheville, and he is now recognized. Come forward, Dr. Bell.

Dr. W. F. Bell, Asheville:

Mr. President: I was unfortunate in not being here this morning at the opening session, but one of our members, Dr. F. L. Hunt, in Asheville is quite sick and is unable to come down.

I would like to move that this organization send a telegram to him, expressing sympathy, or else send some flowers.

President Keel:

You are two hours late! We wired Dr. Hunt and he has it by this time I hope.

Dr. Clyde E. Minges, Rocky Mount:

Mr. Chairman, I would like to make this announcement and later I will announce it before the general assembly. As Chairman of the Resolutions Committee, I request that any member of the North Carolina Dental Society who has any resolution, that they would like to present, that you will draw this resolution up and present it to me as Chairman of the Committee to act upon and present it to the House of Delegates at a later meeting.

President Keel:

I will recognize Dr. Maddux at this time.

Secretary N. P. Maddux:

As Chairman of the Exhibit Committee I beg to submit the following: \$400.00 worth of exhibit space sold; \$220.00 paid for and \$180.00 not paid for. We feel that these men are paying up and have paid up heretofore, and we are not pushing

them, but they are coming up and paying. It's been quite hard to sell exhibit space, but your committee has worked very hard for it. I thank you.

President Keel:

Thank you Dr. Maddux. You have heard the report, what is your pleasure, Gentlemen?

Dr. Paul Jones:

I move that the report be accepted, with congratulations.
This motion was duly seconded and unanimously carried.

President Keel:

Are there any other reports or any further business? If not, I will entertain a motion for adjournment.

It was moved, seconded, and carried that the House of Delegates adjourn.

The meeting of the House of Delegates then, at 5:30 p.m., adjourned.

FIRST DAY—MONDAY, MAY 2, 1932

EVENING SESSION

The Meeting was called to order at 8:00 o'clock p.m., by President Dennis Keel.

President Keel:

The North Carolina Dental Society will please come to order.

I will ask Dr. John H. Wheeler, of Greensboro, to please introduce our next speaker. Dr. Wheeler.

Dr. John H. Wheeler:

Mr. President, Members of the North Carolina Dental Society, it is my pleasure to present to you tonight, Dr. J. T. Burrus, M.D., of High Point, President of the State Board of Health. I do not believe I could say anything about him that is good that would not be true. I present Dr. J. T. Burrus, of High Point. (Applause.)

Dr. J. T. Burrus, M.D., High Point:

Mr. President, Members of the North Carolina Dental Society: You have honored me beyond any words I could express to you by inviting me to come here to speak to you for a little while this evening.

I want to bring a message of very great regret, Mr. President and Gentlemen of the Society, from Dr. Parrott, who will not be able to be with you on this occasion. I regret this immensely, because Dr. Parrott is your friend, he is the friend of dentistry, he is the friend of preventive medicine, and when I say preventive medicine I mean dentistry. But, in addition to all of this, he is one of the finest speakers you ever listened to, and he could really entertain you. A double occasion arose, however, that made it impossible for Dr. Parrott and myself to both be here, so I didn't give him an opportunity of throwing heads or tails with me about the matter, and I said, "Well, you go to the other place and I am going to Elizabeth City." So I am here. I don't want you to think of me here as in any way to entertain you, because there are too many important truths to discuss for me to waste your time or mine in the frivolity of beautiful phrases and words that would be pleasing to your ear, as that would be probably nothing more than you have been accustomed to before. But I want to come, just as one of you, and submit to you a few facts, nothing new, nothing that you do not know, but that I may stimulate you to do the job just a little bit better in the future than you have done it in the past.

In the last few years the dental profession has come a long ways. In my day of memory you were thought of as that craftsmen that could pull teeth and could fill teeth; but a long time ago, you divested yourselves of this stigma, and it is not a stigma, and you taught not only your fellows, but you taught the medical profession and you taught the citizenship of your State that there were much broader fields to be occupied and much more important work to do than simply the direct attention to the teeth. It was only a few years ago when you paid any particular attention to the importance of oral infection, and I am not sure but that Auxinier (?) had much to do in causing your profession to step out and very much upward. This was followed by Deaver, and it was followed closely and forcibly by Murphy. A few years ago Dr. Charlie Mayo closely and beautifully interwove your profession with my profession,

and today dentistry is a part of medicine, today the dentists are specialists in medicine; and we are living in a period where to do the job right the dentist could not get along without the medical man, neither could the medical man progress without the dentist. It is long since the physician was directing that this tooth have attention or that particular gum have attention; but this has been my statement to my patients, "I believe here is trouble in your mouth, won't you be kind enough to see your dentist and have him correct the defect in this mouth, freeing it from infection or focus of infection, if possible. And when this is done, ask him to please return you to me." This statement has in a measure relieved me of many an explanation, it's also relieved the dentist of much embarrassment, and it has given to him a free hand to do his job, unhampered and unhindered.

Before going further, it's probably well that I review at this time just a little particle of some phases of our recent medical State Board of Health organization. During the last Legislature, in order to substantiate and prove to you my sincerity in the statement that I am making, there was a bill enacted, making it mandatory that on the State Board of Health and on every County Board of Health in this State, there must be one dentist. Now, this bit of legislation we didn't feel would make the dentists of North Carolina the least bit offended; we didn't mean any offense by this legislation. But the credit for this is due one of your own craftsmen, Dr. Johnson, who I think had more to do with this bit of legislation than any other one man. It was introduced and passed the Legislature by his brother, Senator Rivers Johnson, and myself. So you have the setup as a State Board of Health work applied to you.

In speaking of you or dentistry in the future, I shall speak of medicine, medical men, and whenever I use that term, please understand that I am talking about you.

The State Board of Health as it has been reorganized is a nontreatment organization, and the policy of the State Board of Health will be nontreatment. Now this statement will require probably some explanation. In the first place we want to set up educational propaganda. That we know is going to take all the time and consume the efforts of the entire forces to the extreme. We are further conscious of this fact, that the North Carolina Health Officer, together with the North Carolina State Board of Health, and in addition to this the County Health

Officers and the City Health Officers, cannot do the best of health work that is to be done in North Carolina. Now, if this health program is to be put over and if it's effective, as we hope it will be, we must enlist every medical man in this State as a volunteer in this great movement.

If you will stop for a minute and review in your mind just what has been done in North Carolina, you will recall that typhoid fever has been eliminated, or if it hasn't been eliminated it should have been eliminated from within our borders. You recall that smallpox is no more. You know that malaria is no more associated with the beautiful east. You know that yellow fever is unknown to our people. And you know, or you may know, that if within the next three years there is a case of diphtheria in North Carolina somebody will be responsible for it. To have accomplished what has been accomplished, the machinery of the State Board of Health could not have done it, if it comes to using its own individual personnel. This has been done by the medical men in North Carolina, and to those men who have followed year in and year out under the wing of service. This has been the guiding and directing influence of their thought. To them I pay my tribute and give all honor. Only in the past have we been able to just direct in a little way.

Now, as you know, some criticism has come of the work of the State Board of Health. I am happy to think tonight that there is less, Mr. President, than has existed in any recent date. I believe that there is less censure and less criticism of this organization than has existed in any previous period in the history of this organization and its activity. Because we want you and we want the medical men of North Carolina to know the progress; we want and we need very much your help. Now in order that we may understand just the progress, I am trying to go into every district in the State, and I am glad to come here and let you have this program and say to the doctors in this district that whatever you wish, whatever plan you may set out, the State Board of Health will coöperate with you and follow your lead. But I am further saying to them and asking them to think of this important proposition.

We have a duty to perform, you and I owe a certain service to the citizenship of this State; you and I owe a service to our constituents; and if we do not faithfully render that service, some how, by somebody, that is going to be checked, and it's going to be known.

Now I am asking the medical men, the medical profession, to accept this fact, that 82 per cent of the white children born in this State are delivered by doctors. Therefore the doctor comes in contact with this child from the day it's born until it's six years old, and he comes in contact with its brother and with its sister and with its mother; and there is nobody, not even the pastor, that is closer I dare say to the heart of that mother than is her family doctor. And if, after this close contact with this mother and with these children during this six-year period, he has not put that child in condition, and in proper condition, then he should not sit up and criticize the school machinery when it comes the day to check his clientele and his patients and his patrons. When this profession really gets on its toes, and realizes the job that is for us, the North Carolina child will come to its sixth year, to the day of entering the public schools of this State, inoculated against all diseases that the child can be immuned against, with every defect corrected that it's possible to correct up to this period of its life. But if we don't do it, then, when this child approaches the public schools, there is another story to tell. The teaching personnel of North Carolina has come to realize that if you want an intelligent citizenship, if you want a progressive citizenship, if you wish a child that is not going to be a repeater, you must have your children as nearly free from physical defects as it's possible to make them.

Now I appeal to the dental profession, that profession that is organized and I want to say to you, second to none in North Carolina, that profession that has made such rapid strides in the State, to join hands with the medical profession and help us to do this bit of work. I know you will do it; I know you want to do it; I know you see it; I know that you are capable of doing it. Now will you take this opportunity, and pardon me for suggesting a few things that might be well for you to consider? That when the mother comes to your chair and for your consultation, it only takes just a little while to say, "Mother, how about the kiddies?" Well you know all the citizens of North Carolina have not yet approached that day when they think that it's foolish to have a baby's teeth and a baby's mouth cared for. There are many of them that think, "Well, they are baby teeth, just let them alone." Just a little propaganda here and say, "Mother, will you let me see these three babies less than three years of age? It won't take you long, it won't inconvenience you much. Bring those children down and

let me look them over once for you." If you will do it you will save Doctor Branch an awful lot of worry and an awful lot of time. And if you will, please take this message back to your conferences and ask them to do the same thing that you are going to do. It will not take many words and it will not require a great deal of your attention, if you will also say, "Mother, have you had these children immunized against typhoid fever, against smallpox, against diphtheria? Now, if you haven't, I am getting these teeth in good condition, go back to your family doctor and ask him to do it. Demand him to do it."

You know sometimes, I don't know whether I should say this or not, but Dr. Williams, when the truth is known, I am just wondering if the medical profession and if the dental profession are not being driven, rather than leading the people? Now that is a terrible statement to even make, and it's worse to even think of the possibility of it's being true.

That doesn't require much time, and you can do an awful lot of good, and if you will do it it's another force behind that demand upon the family physician to make him do his job. They want to do it, but you know I am just as guilty as I can be of that same thing. One of the worst things in the world about me is myself. And I think one of the worst things about myself is probably my laziness; I am just too lazy. You know many a mouth has been infected by a dentist, because he was too lazy to boil his instruments a little while and wash his hands properly, because he was too lazy to use a steril towel or a pair of rubber gloves. I think many an abscess has existed in an abdominal wound because men have been too lazy to clean up. And I wouldn't be surprised that there hasn't been many a woman to pass through the valley and the shadow of death, struggling with septic infection because the doctors have been too lazy to be careful. Please, please, eliminate that little bit of lethargy, that little bit of inactivity, that doesn't belong to such a high calling as either my profession and yours.

Will you pardon me if I take you to some special details of what may happen to you? Why I think you have got the finest opportunity in the world, and though you are doing it well, it may be done better. I don't believe that you have started on the road to where you are going. May I paint a picture, therefore? Here is a patient that comes to you, "Lady, have a seat in the chair." There is a mark on every face, there is a reflection from every eye, there is a written indicator on every word

and on every act that may reveal a truth, that will save a life, and after all this is what we are most anxious to do. You interpret these favorable marks, you interpret and you inspect the color and the tinge of the skin, the evidence of the marks of disease, that may be reflected and often is reflected on inspection. Then you pass along and you see perhaps glands on the side of the neck, or you notice back of the ear prominences that should not be there; or you notice a tremor, a twitch, or a twitter, that should not be there and is not normal; an opportunity for referring that patient to the family doctor that ought to investigate the condition of that patient. Then you open the mouth—I should like to come back to this a moment or two later—you observe the color of the mucous membrane, you observe the symmetry of the oral cavity. And I dare say that of this group of men, that seventy-five to eighty per cent can catch like that the beginning ulcer that may be cancerous or a mucous pact that is syphilitic.

Ten years ago you would have thought it would have been out of your element along this line. Then you observe the anterior pillars; and Gentlemen, if you see a reddening, nine chances out of ten there is a bad tonsil back of it. Let's get them out. Now you don't see them, I don't see them, because some fellow you know, he has cured them by putting medicine on them, and you know how he does that. Whenever a patient comes to you and says that the doctor has cured him by putting medicine on the tonsil, I can tell you what he is using, he is using nitrate of silver. And I will tell you what it does; it glues those anterior and posterior pillars together, and it just shuts up the devil in the wood pile. That is all that he has done. You go back there and you will find great big pus tonsils sticking back in there, under these pillars.

There is no use to speak of those apparent things of infection, because there is no one of you here, but if you see a red line leading down over any tooth, anywhere, why you don't have to get an X-ray to show you that. So when I see a red line going down over a tooth, I know, Dr. Fleming, that there is something wrong, and I say, "You use your dentist, that is what he is for. He has got to live and you need to live, too; use him."

May I relate in this connection and pay tribute to one of the very best dentists that we have. I just would like to show you what they do. A lady had toothache, the dentist looked

over her teeth; he said, "No you haven't, there is no infection." But I got an X-ray and I found a tooth in the maxillary sinus, just outside. Now, many of the cases in which necrosis of both the mandible and the superior maxillary have been found and referred. Moreover a number of the cases that have been diagnosed by dentists and referred of superior frontal sinusitis, of ethmoid sinusitis. We can't get along without you. One of your dentists diagnosed carcinoma of the tongue, and referred it to me. That has been ten years ago, perhaps, and the man is well today. When you think that cancer one day, at one time in its existence was a localized disease, was nothing but a little cell that was curable! You know every cancer is curable if you get it at that stage, but the trouble is we don't get it then.

Sometime ago one of my profession referred to me a woman that he said he was sending her to me because she had cancer of the breast. This great mass was fixed in the left side, there were glands all over her body; why that wasn't cancer of the breast, that is a cancer of the body and not of the breast. Increasing are the number of cancers in the mouth, cancers in the tongue; won't you be on the lookout for them?

I said to you a moment ago that I desired to go back and speak of another condition that is not only overlooked by the members of my profession but by the members of yours. This was what happened: I hope I will not worry you if I enter into details. A little woman went to a dentist, was placed in the chair to have a tooth extracted, that was pooled in pus. The dentist used a small per cent of novocaine, the woman keeled over. She went into convulsions, she lost consciousness, and he was scared to death. And when I saw the two, it was hard to tell which was the most frightened. He thought he had killed her with his novocaine, but he hadn't he hadn't even hurt her with his novocaine, and the novocaine had nothing to do with it whatever. I shall never forget that expression on his face when I said, "Doctor, bless your life, your novocaine had nothing in the world to do with this case"; well, he smiled, and he said, "I surely do thank you."

Let's see what he had and what you may have, any time, any place, unless you happen to be down by the sea where they have got lots of iodine, even then you may have it. You may have an exophthalmus with a crisis, and that is what he had. Now, if you ever have seen a woman with an exophthalmus with a crisis, then you won't want any more, because they look like they are

going to die and they are not going to postpone the ordeal, and you don't want to think of them passing out by way of your operating chair. Look for this picture: See if you recall to your mind instances in the past when you have had the patient come in with an unusual glare, with bulging eyes, and just like this (indicating with hands in a tremor), and you thought, "Well, my patient is scared." It may have been, but hardly to that patient. Then if you will notice and be very careful you will find perhaps a little enlargement over the thyroid gland; or the doctor will tell you or the patient will tell you, "I have a little choking sensation, Doctor, if I throw my head too far back."

Now, when you see those bulging eyes, when you put your hand on that patient's pulse you will find perhaps that the pulse rate is 120 to 140 to the minute. And you know that I think every dentist ought to be able to interpret, in a measure, a pulse. There is an awful lot in it. School yourself to get accustomed to taking a pulse; if it's regular, if it's steady, if it's compressible, three things. Now, by regular, I mean within the normal frequency. Then you won't have these conditions that I am trying to picture for you. But in the event that you see this patient with a tremulous hand, with a rapid pulse, with a bulging of the eye, and a slight enlargement of the thyroid gland, just be careful, gentlemen, and know that you may have a crisis with this patient and don't indict yourself if you happen to give her a little bit of novocaine. Now, novocaine is about as practically nontoxic as any agent with which you can control pain, provided, you keep it out of the blood stream. Now that is easy to do. We do a lot of goiters and we do it under novocaine, and I use just all I want to use; but when I insert a needle, I pull that piston back just a little, and then if there is a show of blood, then that is not injected. Just a little point, just a little point, just a little tip, just a little cue that may help some of you.

I wish I could go on and on and on; but I know that I have taken my time up and Dr. Parrott's, too. Because I want to get over to you, and I want so much to enlist your coöperation and support, and I want to tell you that the men from your organization on this Board, that they are out doing the work for the North Carolina State Board of Health, they are looking after your interest, and they are not going to put anything in your way; and you could have selected none better or that

has given more service than has Dr. Johnson; and Dr. Branch, he is just the finest fellow in the world (applause). And I know you are proud of him. He is doing a real piece of work.

May I drop another thought and then conclude, not connected with it at all? Mr. President, I just will have to ask you sometime to let me come to you again, for, with this length of time— (*President Keel*: "Take all the time you want, we are delighted." From the floor: "Go to it.")

You know I told you what we were doing with the children, what had been done with immunization, but I want to say to you that we haven't started, the half has not been told. What is the other field? The other field is to turn your attention to the conservation of that man power, when man power is worth most. The State Board of Health, the medical profession, the Dental Society, the Dental Organization, nobody has said anything about you fellows after you get to a point in life where you are worth more to yourselves, more to your community, more to your family and more to the State; they just let you die then, when you are worth most. And when are you worth most? Between the ages of 45 and 60 years. When the degenerative diseases reach out and begin to grab at you. And we have done nothing.

The Metropolitan Life Insurance Company—I think it was the Metropolitan—made a survey sometime ago and they said, this statement was made by the statisticians: That 50 per cent of the world's wealth was acquired after sixty. Dr. Wheeler, you have a long time to go (laughter). That sixty per cent of the world's wealth was acquired after fifty years of age. Now lots of you here can be encouraged by this remark. And if this is true, and you cannot prove it is not, then is it not worth while that this organization, that your profession, that my profession, that every combined force should lend itself to stay those diseases that are simply slaughtering men and women in this period of life? Degenerative diseases, heart and kidney, and cancer alone. And then when you see how many are dethroned from the active life by central nervous diseases, it's appalling.

I only wish that you could just see it as I see it; and I only hope that through you, through the medical profession, that we can get right up on our tip-toes. You know there are not many just in this crowd here, if there are any of you from that particular religious faith and belief, I want to say that I bet you are

just making money hand-over-fist. You know if we would turn the medical profession and the dental profession over to the Hebrew race of people, they wouldn't know what to do about it. We are just laying down on our job, doing nothing, we are not doing what we can do and what we ought to do.

Won't you come with the State Board of Health, and help us, help us put the children of North Carolina right before they get to the school age; won't you come with the State Board of Health and help us to save that man power in North Carolina when it's worth most to the State of North Carolina?

I thank you very much. (Applause.)

President Keel:

I am sure we have all enjoyed that very able address, Dr. Burrus, and we thank you and appreciate your coming to us, and we appreciate the message that you have left with us.

The man that is to speak to us next needs no introduction to the North Carolina audience; Dr. Ernest Branch, of the Dental Division of the State Board of Health, will now address this audience. Dr. Ernest Branch. (Applause.)

Dr. Ernest Branch, Raleigh:

Mr. President, and Gentlemen: the other day I was down in Fayetteville, going along the street, and I met a good old black mammy, just about as broad one way as she was long the other; with an apron tied around some where near the middle, a fly-bonnet laid on her head, a snuff brush in her mouth, and her front teeth out (laughter); and feet fashioned something like a duck's. And she met me; she smiled, and she said, "Honey, ain't it good that salvation am free? If it won't we sure couldn't get it now" (laughter).

Now that is the way we feel about some of the things, and I want to talk to you a little bit and ask you a question. Shall we sacrifice the health of our children on mammon's altar? Or, in other words, the dentist's place in a public health program? I was hoping we might have a blackboard. (Secretary: "We have.")

In the setup of a public health program of any kind, it ought to be a complete cycle, and in that there is a very definite place for dentistry. And I want to say to you gentlemen, in my honest opinion, that if you do not have it in your setup, then it is incomplete, so far as the main purpose of the whole program

is concerned. We believe, the fact of the business is we know it, that it must be there; and when it is there there is aplenty for them to do.

Now, if we might figure that that is the setup (speaker drew a circle and put two criss-cross lines through the circle). Let's put in here, that is your communicable diseases, this your sanitation, this of course is headed up by your health officer, who is a medical man. Let's take the communicable diseases, if you please, in common parlance that is diseases that we always have heard of as "catching." And any servant that comes into your home, or if he is a tenant that comes in the back door of the store, and you talk to him about smallpox, he knows you vaccinate against it. If you talk to him about typhoid, he knows you give him a shot in the arm for it—that is what he calls it. If you talk about chickenpox, or scarlet fever, or whooping cough, all these things, he knows that. And the communicable diseases in our program are pretty well in hand, but not conquered, and the day will never come, gentlemen, when we can turn loose and say "Go ahead." You have got to stand right with it, and right by it.

But this thing we call degenerative disease, the thing that is inside us, it slips up when we don't know just when it comes; but the first sign of it we feel all "de-pepped," knocked out, and you ask them how they feel and they say, "Oh, I am just dragging along." Now you don't know just when that started; nobody can put his finger on that and say, "This was the day." Now I grant you gentlemen are not supposed to be, it's not expected of you, it's out of your particular line, to be directly interested in the communicable diseases. But, Gentlemen, I want to say that you have never had such an opportunity since the world began as you have in helping to prevent this thing we call the degenerative diseases, those diseases that affect the heart, kidneys, and lungs.

I shan't say much about the sanitation part of it, except to say that that is very necessary. And I believe that public health's foundation is built on that. May I go just back now, just a little bit? The other day in one of our public schools, as I visited the third grade, I saw somebody had built a log house. Well, naturally I wanted to get those boys on my side, and you have to do that mighty quick. And I said, "I want to see the fellow that built the log house. You know I have always wanted to build a log house, and that one is a cracker-

jack, too." About that time I saw an old red-headed, freckled-faced boy, who had begun to swell up a little bit, and he kept swelling up, and finally he said "I did." I said, "Well, get up, Boy, and come right up here to the front and tell us about it." And now, that boy had no stage fright. "Where did you get the logs?" "Oh," he said "Fellow, don't you know we had a saw?" I said, "No, I didn't know you had a saw." "Well, we have, the teacher bought us a saw the other day, and we went out and sawed some timber off and made that log house." I said, "But listen, I notice the bottom log here is about three times as big as any of the rest of them. Why in the world did you put a great big log at the bottom, it's all out of proportion to anything else; why in the world didn't you use logs the same size all the way up, what in the world did you put a great big log there at the bottom for?" "Oh," he said "Fellow, didn't you ever hear of a mud-sill?" I said, "No, what is a mud-sill?" "Why," he said, "that is the bottom sill, you know you have got to have a mud-sill because you know that is the sill that goes at the bottom, that is the sill that holds the whole house up," he says "That is the best sill there is in the house. If you don't pick out a good mud-sill, you will soon not have any house, it will kind of drop down on one corner and the roof will spring a leak, and the whole works would come down."

Now I said, "Sit down, sit down a minute, Son, there is something I want to talk to you about. I want to talk to you about a mud-sill, but it is not in a house, it is not a mud-sill of a house but it is one of the mud-sills of health."

That is your position, Gentlemen. I don't know of any one that has a better opportunity to talk to that mother about the mud-sill of health, unless it is the family physician. Gentlemen, we have got to recognize the fact that he is the first man at the birth, he is there the day that that boy comes in. I beg them every time I see them to knock a home run, don't fan out. But, Gentlemen, there are nine men on the team, and you have got your part to play, too. You have got a wonderful opportunity; and right there that mud-sill of health is the most important thing there is in this thing we have right here.

We don't know when those degenerative diseases started: I see them at different times, different ages, when I am sure they have started, and I am satisfied they have got a good hold, too. But it was intimated just now, when that mother is there with

that child, you can talk everything over with her from a live-at-home program to a more-milk campaign, right square on. She is in a receptive mood when she is there talking to you, she is conscious that she is talking to a professional man that knows what he is talking about. And she has got her ears skinned, so to speak, and she wants you to tell her. And I want you to be, when you are telling her, fair with her, too; take the time that is necessary, and give to her health truths that will go with her not only through that child's life, but the children to come. That is the time to combat these degenerative diseases.

May I draw for just a moment, the picture of a child I saw in the school the other day? You may make your own diagnosis.

This child was in the third grade and had repeated three years in succession. When we put her on the scales she was 43 pounds underweight; and if you would put your hand in her hair, not knowing where your hand was, you would think it was a wad of excelsior; the skin drawn tight across the face, all the oil gone, no velvet touch; the mucous of the saliva of her mouth was so thick that I could draw it ten inches from her mouth before it would break; the tongue coated white, the edge of it a fiery red; the gums swollen almost to the tops of her teeth. When we pressed the gums, nodules of pus stood out just like beads of sweat would on your brow. And I gave that child a piece of cold bread and had her to chew it up, and then had her to give it back, and it was filled with blood and filled with pus.

I was wondering while I looked at that child, what was the difference if that was incipient pellagra; some would suggest scurvy; but whatever it was, Gentlemen, I know that that condition was due to a deficient diet. And do we know those things are true? We certainly do, because they are proved to us every day in the schools, when we see the lunches the children bring there. Do you talk to the mothers in your chair about school lunches? When she is building one, putting down the mud-sill of that child's health, do you tell her that there is more available calcium in dairy products than any other source? do you inquire if she has a cow? do you tell her that milk is the cheapest food that she can possibly furnish that child? Gentlemen, do you tell her that the gum boil in that baby's mouth and a sore on its leg discharge the same kind of stuff? Oh, it nauseates us to tell her about it, but it doesn't make the

mother sick a particle to sit on this side of the table and the baby to eat it every time it puts food in its mouth. Why doesn't it make them sick? Because they don't know what the child is eating. But don't you know that if you could make it plain to that mother what that child was eating, she would suffer her right arm to come off before she would let him eat it another time? Oh, I don't know anything in the world that is quite as nauseating as to have to get a pan of warm water and castile soap and a bunch of clean rags, and get out on the back steps and wash an old running sore. And they have got it right in their mouths! I saw one, not far from here, with five places in her mouth, and I showed it to the teacher, I showed it to the superintendent of the school, and I showed it to the county superintendent of schools. And if the mother had been there I would have showed it to her, and the preacher too.

Do you take time to tell the mothers what you see in the child's mouth, and what it is? Gentlemen, we have got more children in the first, second, and third grades in our schools in this State with bad hearts than we have ever known. We have got more children in the first, second, and third grades with bad kidneys than ever before. We have more children in the first, second, and third grades with bad mouths than we have ever known. Yes, the communicable diseases are pretty well in hand, but the degenerative diseases are the diseases that are giving your State Board of Health a great deal of concern. And you can help tremendously.

What are the children saying about it? If you will listen, you will hear the Macedonian cry, "Come over and help us." Will you do it? (Applause.)

President Keel:

Doctor Branch, I feel that it is useless for me to say that the North Carolina Dental Society audience is always appreciative of everything that you say. Dr. Branch, we thank you for your talk.

Gentlemen, you know it's always customary in this Society, to save the best until the last. We have with us tonight, that great old war horse, whom we hear so much and so many times, and whom we are always glad to hear—I take pleasure in introducing to you again, your old friend Dr. J. N. Johnson. (Applause.)

Dr. J. N. Johnson, Goldsboro:

Mr. President, Ladies and Gentlemen, of the North Carolina Dental Society, and Friends: and I don't say friends inadvisedly, because when I say friends that is really the closest thing I have in the world and the dearest to me. I have got some of them out here and I may have some that absolutely don't think with me, particularly, but that don't matter, I love them just the same.

I had one man just before I came into the hall say, "John, are you going to make that same darned speech that you have made in every district meeting?" He says, "If you are, I don't want to be there to hear it." And I hope he is not here (laughter). And furthermore than that, I want to say that I just told him this: "Well, if you want to come in tonight, why I will show you that I won't even touch on any subject that has ever been discussed by me in any North Carolina Dental Society in thirty-two years." "Well," he says "if you will do that, I will go and try it out once more" (laughter).

I just merely want to say this, you have heard the Cicero of the great medical profession of the State. I listened to him, I have heard him speak before, but tonight he outstepped himself. And when I say Cicero, I don't mean the great Roman Senator, but one of North Carolina's greatest senators. When I pay him that particular tribute, I realize what he has meant to his constituents, but more than that I realize what he has meant to Dentistry. I want to say to you men here present tonight, that that particular man sponsored the dental bill with my brother, Rivers Johnson, and I am sorry to add that, I really regret it, because that wasn't necessary, he has done it absolutely of his own accord.

That places a dentist on every county board of health in North Carolina, and you know how the county health boards are constituted. Heretofore we have had no contact with the county boards, and at the last Legislature a movement was made before the legislative committee and the executive committee to place a dentist on the respective county boards of health in North Carolina. Well, I was there and I had a wonderful committee back of me; they stood by me, worked with me, and when this particular thing happened, why then we leave Cicero and go down and pick up Demosthenes, with his purity of style and his reasoning power, and that is our Executive State Health Officer, Dr. Parrott. He worked hand

and glove with us. Well, that meant no reflection on anybody that preceded us or may go after us, but it was just a matter of working out something that meant a great deal to the North Carolina Dental profession.

And why not? Why not for our profession; what we would render in service, by reaching out and doing something for the children of the State? Now my good friend Burrus, he is an orator and not only an orator but I will add to that that he is a thinker. And furthermore, I now add to that, that he appointed me on the Executive Committee of the State Board of Health, and he appointed me on the Reorganization Committee of the State Board of Health. And how did we operate it at this particular time, how have we operated it for twelve years? We finally settled down to the situation that dentistry was controlled by a layman, a man that didn't know a darned thing about dentistry. And how did he work it out in the State? What was going on? Why the only thing you could see were figures. I want you State Board of Health men to listen to that; the only thing that man could do was to figure, and the only idea he had and the only idea that existed from that time until Dr. Branch took over the work, working under difficulties, was this: Whenever a State dentist went into a State school or into any institution, he put in some easily accessible cavities, but if there was a large cavity in a six-year molar, that was exposed, he just traveled along and left that, and gave that child a card to go to his dentist.

Now get this, I want to bring you right up to a situation that exists in the State, right now. I want to tell you that there are 850,000 children in the schools of North Carolina. Why all you men that practice dentistry know well and good that there are 700,000 of those children at this particular time that are not able to go to a dentist; they don't know a dentist. And I am going to bring this thing up before you. Just the other day we had a State dentist working in our county, and that boy made a report there that opened my eyes. He had worked on 258 children in that particular school, and 155 of them were repeaters in the grade; how many years they had been repeaters we didn't know. But every one of them that had repeated his grade, cost the State thirty-seven dollars. Well, that made about four thousand dollars right there in one particular school. Well, the superintendent of the schools of the county was there. I had never come in contact with him before, and I didn't like

him, much. That is, I didn't like him at all (much laughter). But when this particular State dentist made his report, this superintendent came over to me and said, "Doctor Johnson, we have got to go before the equalization board, we have got to cut our coal bill, we have got to cut our gasoline, or something, and carry on this work; it's the biggest thing I have ever seen in my life." I didn't say a word, but I thought, "You old fool, I misjudged you." (Laughter.) And I really had, I was getting ready to ride him out of his job. I didn't like him. I had heard rumors around, women would come to me and talk to me, you know; and my wife was on the school board of the county, and everything like that. She was there. I carried her out. And going back home she says, "That superintendent has absolutely made me change my mind about him," and I says, "Yes, and I have changed my mind, too" (laughter).

And I want to tell you that our State Health Officer, Dr. James Parrott, knows his job, and we are going on and working the thing out and traveling as far as we can. It is a mystery to me how we have traveled as far as we have, and we haven't got a cent in the world and a \$3,200.00 arrears. But Jim has gone on and fought the situation out, and how he is keeping the dentistry field and how we are going on and functioning, is a question to me, if it wasn't for the fact that we have got this gentleman over here to sell the business to the counties. He is not a Jew, either (laughter). But I tell you he sells things, and how in the world he can put it over I don't know; because they are just as poor as my county.

And I want to say that from my county health, that our county dentist got us all and we went out to see our county dentist work in a rural school; and bedarned if every one of them are not morons. I think there is about 3 per cent of them that are above that average. Just as I quoted to you awhile ago—don't take this down Mr. Reporter—(laughter)—I followed this dentist around over a territory of fifteen miles and all the greens that I could count was twenty-two collards; and my friend Buie tells me that out of the 258 children only 50 of them drink milk. Now that is what we have in my own county, and that is what you have all over North Carolina, too. But he made a great impression on me, and he made it on my wife, who is far better educated than I am, and younger in number of years—I am sorry to say. I wish she was born about—(much laughter).

Well, anyhow, you know we have all got one idea in mind, we have got one picture in mind, and you know we are all grown up men, and soon we will all be dead and buried. But I don't believe a darned one of you will be in hell, unless it's me. I have done enough to be there. Well, I see one man that is worse than I am, Arthur Fleming.

But what have we got in North Carolina? 850,000 school children with 700,000 of these children that haven't got any dentist. And what happened to these children? Why out of the 250 that were examined about 40 of them had had any contact with a dentist or ever had had one. Well, they showed me the mouths there of young boys and young girls, in the last stages of gingivitis and pyorrhea. And I knew that community, I knew something about that community; I knew all about it, in fact, and that was the reason he was there. And that made an impression on the county superintendent. He grasped the idea.

But coming back to the real situation, gentlemen, we have 850,000 children in North Carolina, and what are we going to do with them? Why 700,000 of them are in our care. We are working under a State budget in the schools, a most wonderful thing. Now I don't take away anything from the medical profession, I hand them everything in the world; but when we go into the schools we make it our practice to work on the children that have never seen a dentist, and haven't any possibility of ever seeing a dentist. But that one particular thing will repay the dental profession a thousand fold. It does something for the elimination of suffering in the children of a household.

And this dentist showed me the condition of these children—well, you have described that. Well, you could see, you know that these children were undernourished. Twelve of them out of seventeen had a terrible condition. Now that wasn't due to dental trouble, when we come to that, the trouble in that particular community was due to a lack of nutrition. But still they would go on and die from a dental infection and some of them wouldn't die, a lot of them, those little children, as I was looking at them I could picture how they would sit up night and day with terrible toothache, and the mother would hold them over the coffee pot with the hot steam, and all that kind of stuff. Boys, you know what that means, that don't get you anywhere, you know what is coming on. There is no use to preach to you about that.

Well, we are doing a great work, and I want to say this to you, I want you to listen to this thing now: We have done this, your Legislative Committee has put a dentist on every county board of health in the State, where there is a dentist practicing. He goes on there with two physicians. Well, he establishes two contacts, that is, just two in a county; but every dentist and physician in North Carolina should contact within their own county, in the same organization. Why? because we are facing a very serious situation that is going to require all of our power to combat.

Why I remember back in 1904, when old Martin Fleming over here was trying to make his big fight; how long ago was that Martin? Twenty-eight years ago it was. Why men it was a fight, and the spirit of the dental profession was to do something for the people that couldn't do anything for themselves, and it was sponsored by a man that had a big view of the situation. He sought far and wide, he wanted to do something. And then along came Watkins and he did a great work. And before Watkins was old man Jones, in his own county, one of the men who helped organize our society in 1875. He had a viewpoint and he worked it up. Well, outside of these gentlemen, the younger men came along, like Howle, Jones, and all the rest of them; they took up the work, they carried it on, they had the viewpoint, it was a matter of brains with them; they wanted to work out something for the children of North Carolina. But every once in awhile a dentist would spring up in some county with an altruistic movement on his own part and try to do something by himself. Well, he never accomplished anything; he started out with a flare of honor, and he was thought by his brother dentists in the same county that he was more or less advertising. But I have never looked at it that way; I think he was really trying to do something. He was a fellow that had the right viewpoint and he was going out to do something, he was going to try to do something for the interest of the children of his county, as he saw it. He saw the situation.

But we have the machinery to do it, we have the dentistry to do it, we have men trained to teach the children, and the only right and correct way to do it, gentlemen, is to tie our schools up through our State Board of Health. We have struggled for many years to do something on the State Board of Health, and now you have the machinery there, and you have a man straining every point on the board as Executive Officer to put the

work over with a mighty little bit of money. We haven't got any money; and what every one of us wants to do is to get right in behind what we are doing through the State Board of Health and make our movements statewide. But we can't work in a county by some fellow that has an idea in his mind that he has to do this and that, but we try to cover the State every two years with public health dentistry.

We have rubbed that out, the words dental clinic, that is what we started and it's all wrong. A dentist would go in, jerk a kid's mouth open, and stick in an amalgam filling and then he passes it on, he didn't fill any of the teeth that really needed filling and he didn't pull the teeth that really needed pulling, he didn't leave anything perfect. But education must be absolutely perfect, everything is changed, as far as the State Board of Health is concerned, every operation that is done in a school by a North Carolina State dentist is perfectly done. There is not but one thing that is not absolutely right about the work done by the North Carolina State dentists, and that is they are not half paid for what they do. And I want to say, and Mr. Burrus over here will bear me out in it; I have had several discussions with him and the Executive Officer of the State Board of Health, and he has been with me in everything to get that thing changed.

But we will go back to 1918. We had no dental work in the State. Dr. Cooper at that particular time, he read a paper at Wrightsville in June and he says, "We are starting out young men at a small salary of \$150.00 a month." Well, Doctor Cooper's idea was to start those men out on a small salary, you know a lot of you boys started that way, a great many, and it helped them a lot. I do not wish to criticize the medical force at all, but our education requires a great deal, it requires a great deal to set up a practice; the whole thing was wrong. We drifted along like that for twelve years, up to the time I came on the Board. And then we began to fight, we began to do something for these men that were being cut down; and I want to say that on the Board, and its president is here tonight, they all voted unanimously with me. And I would like for you fellows to do this for me tonight, not for me but for the kind friend from off the Board who has come down here at a great loss of time to himself; and he represents the principles of the Board, and who has taken all of my argument away from me, this great Roman Senator, Cicero, over here. I would like for

you all to rise and give him—and I want you to consider it in your minds, don't do it until you consider. Every man on the North Carolina State Board has backed the dental program, and this particular man who is up there where he can function in our behalf. He is a man today flat-footed with every division of the State Board of Health. And our particular friend, Dr. Branch over here, worthy and well qualified and able as any man I know in the business, who speaks the language of the people. Yes sir, he is right there with everything. You need not publish any of this, I am just rambling around.

And I want to say now that our reorganization committee was composed of one particular man that had a lot of weight in our business, and I want to mention him before this organization, and that is Dr. H. L. Large, of Rocky Mount. It turned out that Large had a young uncle that was the same age of his mother, and they went to school together; one studied dentistry and the other medicine. They were closely associated, I don't even know the name of this boy's uncle, but he, no doubt, had a wonderful influence on him. And I think my friend Burrus appointed him because he knew more than I did when he started.

I want you all to give my friend Burrus a rising vote of thanks. (All rose; applause.)

The meeting then, at 11:30 o'clock p.m., adjourned.

SECOND DAY—TUESDAY, MAY 3, 1932

MORNING SESSION

This being a breakfast meeting, 8:30 o'clock a.m., the meeting being called to order by President Keel.

Dr. J. S. Betts, Greensboro:

Mr. Chairman: there are quite a good many faces here that are familiar to me, quite a few of them, and I am delighted at this meeting and with the new acquaintances and being with all you fine fellows. But once in awhile at one of these meetings there is a face that we have known and been fond of that is conspicuous by its absence. There is a fine fellow that isn't here this morning and he isn't here at our meeting. He has

never been conspicuous in any sense of the word, hardly, but he is an all-round-good fellow, and he has been faithful at our meetings.

He lives a little further south of here, and he has a broken arm and can't be here with us, and he writes Dennis Keel that he regrets so much not being with us all during this dental association meeting. He says, "Remember me very kindly to the boys, and but for my broken arm I would be with you. I think it best to defer this trip until the next association meeting. I hope this will meet with your approval. I would like to meet with you fine fellows, however, I will be with you all, wherever the boys meet next time. Yours fraternally, O. J. Bender."

Now, some of you young fellows don't know that man, but he is very faithful and one of the old timers here. Two or three of we old timers, a few of us, we know O. J. Bender from Jacksonville, and he is an awfully fine fellow and one of his redeeming qualities is faithfulness.

I would like to make a motion that we instruct our Secretary to take some notice of this and send him a telegram.

The above motion was duly seconded and unanimously carried.

Dr. P. E. Horton, Winston-Salem:

Mr. President: since we are dealing in telegrams, I was just talking to these gentlemen at the table here. We have, as we all know, a member, R. H. Jones, of Winston-Salem, the patriarch of our organization, and he is not well. He is getting rather feeble now; in fact, the last time we had our local society meeting Dr. Thompson here was supposed to go by and get him to take him out to the country club, but he found that he couldn't go, he didn't feel well enough to go even out there.

Since he is in declining years and is interested in everything that we are doing, let us remember him at this time and send him our greetings. I make that in the form of a motion.

This motion was duly seconded, and unanimously carried.

President Keel:

At this time, I am going to recognize Dr. Horton.

Dr. S. Robert Horton, Raleigh:

Mr. President: while we are in the business of sending telegrams, it seems to me it would be quite fitting for the Dental

Society of North Carolina to recognize the fact that one of its most faithful members is not present this year on account of sickness. I refer to Dr. Fred A. Hunt (much laughter). Gentlemen, I must be out of order!

President Keel:

Dr. Horton, Dr. Bell came in rather late yesterday and went on record for sending Dr. Hunt a telegram, then somebody came in a little later and wanted to send him another. But I am glad you have mentioned it.

Dr. S. Robert Horton, Raleigh:

Mr. President, I don't know of a more faithful man in North Carolina nor a man now living that has done as much for the North Carolina Dental Society and its betterment, than Fred Hunt. (Applause.)

President Keel:

Since we are in the business of sending telegrams, I would like to know if any of you know of any more faithful members who are not here and who are home sick. We would be pleased to send them telegrams, if so.

Dr. Paul E. Jones, Farmville:

Mr. President, not unless there are some here in the hotel, homesick!

President Keel:

Dr. Paul Jones, it has been suggested that you send them a pitcher of ice water (much laughter).

Gentlemen, I now recognize Bob Olive, of Fayetteville, who will introduce the speaker.

Dr. R. M. Olive, Fayetteville:

Ladies and Gentlemen: several years ago, about four or five years ago, North Carolina was so fortunate as to obtain enough money to establish the one and biggest institution in our part of the country, Duke University.

I was talking to some one the other day about the man who is to address us this morning, and I asked this physician if he

knew him, and he said "I do, and he is one of the biggest men over there, in fact to my mind he is the best man over at Duke University."

So I take pleasure in presenting to you now, Dr. David T. Smith, of Duke University. (Applause.)

THE RELATION OF FUSO-SPIROCHETAL ORGANISMS TO DISEASES OF THE MOUTH, GUMS, BRONCHI, AND LUNGS

BY DAVID T. SMITH, Durham, North Carolina

Department of Medicine, Duke Medical School

Oral infections are sometimes treated by dentists and sometimes by physicians. The best results are obtained when there is the closest coöperation between dentist and physician.

The organism present in pyorrhea (Spirochetes, fusiform bacilli, vibrios and cocci) are capable of producing severe infections of the tonsils, gums, bronchi, and lungs. Recent investigations have shown that 90 per cent of pulmonary abscesses in adults¹⁰ and approximately 80 per cent of chronic bronchiectasis¹¹ are caused by this group of Fusio-spirochetal organisms. Pulmonary abscess is a serious disease since out of 940 cases collected from the American literature, 382 or approximately 40 per cent died. Chronic bronchiectasis, while not so frequently fatal causes a constant cough, expectoration, and disability comparable to pulmonary tuberculosis. In an analysis of 1,212 cases of pulmonary diseases it was found that 28 per cent followed tonsillectomy and 15 per cent other operative procedure including operations about the mouth and extraction of the teeth. The organisms are aspirated from the mouth while the patient is under the influence of an anesthetic and unable to cough out the infecting material. Abscesses of the same type as these found in man have been produced experimentally with fusio-spirochetal organisms in rabbits by Smith⁸ and Kline⁷; in guinea pigs by Smith⁸, Hamilton¹, and Bethune²; in mice by Smith⁸; in cats by Bethune²; and in dogs by Crowe and Scarff³, Allen¹, Harkavy⁵, and Joannides⁶. The animals were given a general anesthesia and the infecting material introduced into the trachea with a needle or with a bronchoscope and allowed to flow down into the lungs. Many, if not all of these post-operative abscesses in man could have been prevented if a competent dentist had been allowed to clean up the dirty mouth before the operation was performed.

In a series of 60 cases of chronic bronchiectasis studied by the author during the past six years 48, or 80 per cent, showed in their sputum spirochetes, fusiform bacilli, vibrios, and cocci that were in every respect identical with the ones present about the gums of the same patient. Every one of these patients had some evidence of pyorrhea. Such clinical observations are supported by the experimental work of Smith¹¹ who produced with these organisms, in a series of rabbits, disease of the bronchi which resembled very closely

chronic bronchiectasis in man. I am convinced that pulmonary abscess and chronic bronchiectasis should be grouped among the preventable diseases and that in most instances the condition can be prevented by proper oral hygiene.

It is generally accepted by both the dental and medical professions that Vincent's angina is caused by the fuso-spirochetal organism. These same organisms are present in abundance in acute necrotic gingivitis or "Trench Mouth" and are probably the cause of the disease. The fuso-spirochetal organisms from the gums may pass to the ear by way of the eustacian tube causing fuso-spirochetal otitis media, to the vocal cords and larynx causing laryngitis, into the lymphatics of the neck causing Ludwig's angina, through the ethmoid sinuses causing meningitis, through a cavity into the root canal or along the tooth to the apex causing an apical root abscess and even at times from the apical abscess into a sinus causing a foul sinusitis. Infected gums following extraction of teeth generally show fuso-spirochetal organism in abundance.

It is my belief that pyorrhea is the result of a chronic infection of the gums with these fuso-spirochetal organisms superimposed upon a dietary deficiency. I do not believe the organism can invade entirely healthy gums. Two types of dietary deficiency have been shown to play a part in the etiology of pyorrhea. When the calcium-vitamin D combination is deficient, there is an absorption of bone and the production of a potential space into which the fuso-spirochetal organism creep. If the vitamin C factor is deficient, there is a swelling of the gums and a loosening of the supporting structures of the gums and subsequent invasion of fuso-spirochetal organism. In most cases where the diet is deficient, there is a deficiency of both factors. When the organisms have once gained access to the gum tissue, they can by means of their own proteolytic enzymes destroy both the dense fibrous structure of the gum and the cancellous bone. Some years ago I inoculated a series of guinea pigs in the gums with pyorrhea organism from man. Some swelling and acute ulceration resulted followed by complete healing. These lesions in no way resembled pyorrhea in man. During the course of some other experiments in which guinea pigs were maintained for several months on a chronic vitamin C deficient diet, I observed swelling of the gums followed by spontaneous invasion of the gums with fuso-spirochetal organisms and the development of typical pyorrhea pockets. When vitamin C was restored to the diet, the gums slowly returned to normal.

A small number of fusiform bacilli and spirochetes can be found about the gums in the healthiest mouths, but when they are present in large numbers, they should be regarded as playing a part in the disease either as primary or secondary invaders. The organisms are seen to the best advantage in dark field preparations. When the dark field is not available, satisfactory results can be obtained by staining smears of the secretion with gentian violet. The gentian violet stain shows the fusiform bacilli very well, but stains the smaller mouth spirochetes (*T. Microdentum*, *T. mucosum*) very poorly or not at all.

Treatment of mouth infections due to the fuso-spirochetal organism should be directed toward (1) restoring the diet to normal, (2) killing the organisms.

An adequate supply of calcium should be given preferably in the form of milk supplemented by sunlight, ultra violet light, cod liver oil, viasterol, or Haliver oil. Of equal importance is the supply of vitamin C in the form of orange juice or tomato juice (6 to 9 ounces daily). The specific treatment should be given to kill the spirochetes and break up the fuso-spirochetal-vibrio-cocci symbiosis. Chromic acid, copper sulphate, neoarsphenamine, sodium perborate, etc., may be used locally and in severe or resistant cases neoarsphenamine intravenously or sulpharsphenamine either intravenously or intramuscularly. In acute cases of necrotic gingivitis or Trench Mouth scaling the teeth sometimes spreads the disease and makes it worse. But in the more chronic cases and in all cases of pyorrhea cleaning and scaling the teeth and local treatment of pockets and malocclusion is absolutely essential as well as changes in diet and specific therapy for the spirochetes.

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- ¹¹ Smith, D. T.: *Arch. Surg.*, 1930, xxi, 1173, Part II.

Discussion by Dr. Smith:

Mr. President: I wish to thank your Society for the kind manner in which this paper has been received.

I agree with Dr. Gibbs that these fuso-spirochetal organisms have an independent pathogenicity. They can produce lesions of bone and subcutaneous tissue in typical ulcer and can be shown in animal experiments to produce subcutaneous abscesses and pulmonary abscesses.

Dr. Bell mentioned the possibility of these organisms playing a part in bronchitis accompanying pulmonary tuberculosis. This does occur, but only very rarely, since I have found fuso-spirochetal organisms as secondary invaders in pulmonary tuberculosis in less than 0.5 per cent of the cases. I have used neoarsphenamine and sulpharsphenamine successfully in the treatment

of fuso-spirochetel diseases but have never tried sodium citrate. I have no information in regard to the relation of the endocrine glands to pyorrhea. But there is a theory current at present that the vitamins may work indirectly through stimulation of these glands. I agree with Dr. Tally, that pyorrhea may develop about a single tooth. The predisposing factor being traumatic occlusion. With loosening of the supporting structure about that single tooth interference with circulation and lowering of resistance followed by invasion of the fuso-spirochetel organisms.

As Dr. Sinclair says, it is interesting that the infection in apical abscesses disappear with the removal of the tooth although in the process of removal, we have opened up fresh areas of tissue where they might invade. This is explained, I believe, by the fact that this fuso-spirochetel group of organism is anaerobic. When the tooth is removed, we have free drainage and free access of the air. Oxygen is just as poisonous to these anaerobes as arsenic.

SECOND DAY—TUESDAY, MAY 3, 1932

AFTERNOON SESSION

The House of Delegates was called to order at 5:00 o'clock p.m., by President Dennis Keel.

President Keel:

The House of Delegates of the North Carolina Dental Society will please come to order. Since we have a quorum and I know all the faces, I deem it unnecessary to call the roll, and with your permission we will proceed with our business.

Mr. Secretary, is there any business to come before this meeting?

Secretary N. P. Maddux, Asheville:

Mr. President: I just wonder whether letters would come before this body, in regard to a man who is licensed to practice dentistry and was sick or anything like that, whether if he was going to Virginia or somewhere like that and practice dentistry, how to dispose of that?

President Keel:

That is business that should come before this body. While you are looking for that, are there any reports ready at this time. If so we will have them.

Dr. Wilbert Jackson, Clinton:

Mr. President: I beg to submit the report of the Membership Committee of the North Carolina Dental Society, as follows:

REPORT OF THE MEMBERSHIP COMMITTEE OF THE NORTH CAROLINA DENTAL SOCIETY

FIRST DISTRICT:

Members	89
Suspended	10
	79
New Members	6
Total	85

SECOND DISTRICT:

Members	127
To be Suspended	6
	121
New Members	3
Total	124

THIRD DISTRICT:

Members	102
To be Suspended	6
Total	97
No New Members.	

FOURTH DISTRICT:

Members	88
To be Suspended	5
	83
New Members	2
Total	85

FIFTH DISTRICT:

Members	90
To be Suspended	8
	82
New Members	6
Total	88

WILBERT JACKSON,
CHAS. S. MCCALL,
FRED HALL,
R. A. WILKINS,
S. L. BOBBITT,
J. E. L. THOMAS.

It was moved, seconded and carried, that this report be received.

Secretary N. P. Maddux:

Gentlemen, here is a letter from Dr. E. E. Richardson, of Lexington, N. C.

"Dear Dr. Maddux: The enclosed letter from Dr. Howle is in response to my inquiry as to the proper way for my son, W. N. Richardson, to get out of paying dues to the North Carolina Dental Society. He moved out of the State last November, and as he is in financial stress and is not able to pay the dues for 1932, I told him I would find out what he would have to do. Your advice would be appreciated." I don't think it is necessary to read Dr. Richardson's letter to Dr. Howle. In reply to his letter, I stated, "With reference to your son, will take the matter up at our next meeting, May 2, 3, 4, in proper form, and will write you regarding same. N. P. Maddux, Secretary."

President Keel:

Gentlemen, you have heard the letter and the reply, what is your pleasure?

Dr. Paul Jones, Farmville:

Mr. President, if the Doctor has moved out of the State and is not practicing in the State, I think we are due him the courtesy of an honorary discharge, or honorary membership, until such time as he moves back and begins to practice dentistry again in this State.

So I make a motion that we relieve Dr. Richardson of the dues in the North Carolina Dental Society, and give him an honorable membership in the Society.

President Keel:

Pardon me, Dr. Jones, but I would like to ask if Dr. Richardson is in good condition, has he paid up?

Secretary Maddux:

He is in good standing. As I remember, he joined in Winston-Salem last year or the year before in Charlotte.

Dr. Wilbert Jackson:

Pardon me, but would not a matter of honorary membership have to come before the Executive Committee?

President Keel:

I believe it would. We can pass on it here, and they can pass it later, if they wish.

The motion by Dr. Paul Jones, was seconded, and unanimously carried.

Secretary N. P. Maddux:

Here is a letter that we had immediately after the meeting last year at Winston-Salem, from Dr. C. M. Beam, Asheville dentist:

"I herewith submit my resignation to the North Carolina Dental Society to take effect immediately. Thank you kindly for all the courtesies shown me in the past. I am yours sincerely."

He was in good standing.

It was moved, seconded, and carried that the resignation be accepted.

Dr. William F. Bell, Asheville:

Mr. President: I have the report here on the President's Address as follows:

Your Committee appointed to report on the address of our President, wish to congratulate him on his splendid address and the thought and study which he has given to the problems which are confronting our profession.

We particularly wish to endorse the stand which he has taken regarding the encroachment of commercialism upon the dental profession. Such practices are not the basis upon which we can hope to elevate our profession and their early eradication will undoubtedly be for the betterment of dentistry and the protection of the public.

We wish to endorse his recommendation for the establishment of a Dental Assistants' Association and hope that the committee appointed for this purpose will be successful in its efforts towards that end.

Respectfully submitted :

WM. F. BELL, *Chairman.*

CLYDE MINGES,

R. M. OLIVE.

This report was unanimously accepted.

Dr. Wm. F. Bell, Asheville:

Mr. President: your Clinic Board of Census Committee, wishes to make the following report:

Your Committee wishes to report that the general table clinics given at the Convention were of the very highest type, and each clinician is deserving of the congratulations of this Society. We have selected the following members to represent North Carolina at the National Convention:

Dr. Ralph Jarrett, on impressions.

Dr. F. O. Alford, cast joint and fixed movable bridges and cast gold shell crowns.

Dr. N. P. Maddux, technique used in general extraction and impactions, together with post operative treatment.

WM. F. BELL,

HAMILTON,

RICHARDSON,

PEGRAM,

VICK JOHNSON.

It was moved, seconded, and carried, that this report be accepted.

The Superintendent of Clinics Committee wishes to report for the Committee its approval and commendation of the present plan of having the Clinics in the middle of the session, and thus giving them their due and proper place on the program.

The three Clinics given by Drs. R. L. Simpson, Carl P. Cline, and C. S. Warden representing the Virginia Dental Association are most interesting and scientifically helpful to every one interested in orthodontia, periodontia, and restorations by artificial dentures.

The Progressive Clinic of Dr. Fred H. Rogers of the Forsyth Dental Infirmary is most opportune at this time when our State

Board of Health, through its Dental Division, is endeavoring to make every dentist of the State "child-conscious" in his responsibilities to his community.

Also the Progressive Clinic of Dr. Francis Ulen of the United States Navy on the use of gold castings is of a high order of technique and has been followed with enthusiastic interest.

In addition, there are on the program twenty-four table clinics by dentists from every district of the State. These represent concentrated thought and effort along special lines in the profession. They have been met with hearty interest.

The thanks and sincere appreciation of the Society are due to each one of these men for their cheerful coöperation in helping to make a success of the Fifty-Eighth Annual Meeting of the North Carolina Dental Society.

Respectfully submitted,

L. R. GORHAM, *Chairman.*

A. P. CLINE,

W. L. KIBLER,

C. H. TEAGUE,

B. L. AYCOCK.

Dr. F. O. Alford, Charlotte:

Mr. President: I have a resolution that is in writing that I would like to offer, if it's in order. But, before I read this, I want to explain my motive. I came out of school and there were about forty I think that took the State Board at the same time I did, and I don't think that more than half of those fellows belong to this Society, not much more any way. I know how it is when a man comes out of school, twelve dollars means a whole lot to him, and I believe we can get these men into the Society if we could get them to attend one meeting. I believe they would stay in the Society and pay their dues and attend, too. So I offer the following resolution:

We, the undersigned, having the welfare of the North Carolina Dental Society at heart, first, last, and always, and realizing that the ultimate perpetuation of the Society is entirely dependent upon the entrance into the Society of the young man who is just beginning the practice of dentistry and feeling that he should be encouraged to affiliate himself with this organization. Therefore,

Be it Resolved, that upon his successful completion of the examination of the North Carolina Board of Dental Examiners, he be presented a membership in the North Carolina District and State Dental Societies, and the American Dental Association for the current year.

F. O. ALFORD,

L. R. GORHAM.

President Keel:

Dr. Alford that will have to be placed in the hands of the Resolutions Committee, to be acted on and reported at our next meeting. Will you please hand that to Dr. C. E. Minges.

Dr. G. Fred Hale, Raleigh:

Mr. President: I would like to get the stewardship of some funds in the advertising in the BULLETIN incorporated in the proceedings. It wasn't done last year. I will just give you the totals as I know you do not want the details at this time. The amount of advertising in 1930 and 1931 is \$463.25; disbursements for a like period is \$459.85; leaving a balance in the bank of \$3.40 for the year. For 1931-32, receipts for advertisements, that is cash paid in to date, \$497.40, disbursements to date \$293.00.

I was so unfortunate as to lose \$33.50 in the Commercial National Bank of Raleigh; and I would like for the House of Delegates to take some action on that. But that leaves in the bank now \$170.90. There is uncollected advertisements for the last issue of the BULLETIN of \$100.00. That will leave a proposed income of \$270.90. All bills unpaid to date \$218.74. Now, if all accounts are collected which I expect them to be, we will have a balance of \$52.16.

I would like to have this entered into the proceedings, the account up to date, the two years, if I may.

President Keel:

Gentlemen: you have heard Dr. Hale; he says he was unfortunate enough to lose \$33.50 in the bank. I think he is fortunate that he didn't lose more. Dr. Hale wants some action as to that loss, by this body. What shall we do with that?

Dr. Wilbert Jackson:

The same thing has happened to our Editor-Publisher that has happened to most of the others of us; and I move you, sir, that Dr. Hale be relieved of the responsibility, if he so considers it a responsibility, of making the \$33.50 good, as to the BULLETIN fund, and that his report be accepted and entered into the Minutes as requested by Dr. Hale.

This motion was duly seconded, and unanimously carried.

Financial Report of Editor-Publisher was received as follows:

REVISED STATEMENT OF EDITOR-PUBLISHER FOR 1930-1932
TO INCLUDE ALL RECEIPTS AND DISBURSEMENTS
TO JULY 25, 1932—ALL ACCOUNTS HAVE BEEN
COLLECTED AND ALL BILLS PAID TO DATE

BULLETIN ACCOUNT, 1930-1931—NORTH CAROLINA
DENTAL SOCIETY

RECEIPTS FROM ADVERTISING

1930		
Nov. 29—R. J. Reynolds Tobacco Co.	\$ 50.00	
Nov. 29—Robert E. Lee Hotel	30.00	
Nov. 29—Harris Dental Co.	30.00	
Nov. 29—Bosworth Economic Institute	21.25	
Dec. 17—Ætna Life Insurance Co.	30.00	
1931		
Jan. 21—Eberhart Dental	30.00	
Jan. 13—Raleigh Dental Laboratory	50.00	
Apr. 18—Corega	25.00	
Apr. 28—Thompson Dental Co.	25.00	
Apr. 28—Bobbitt Drug Co.	8.00	
May 2—Rothstein Dental Laboratory	15.00	
May 2—Dentists' Supply Co.	25.00	
May 12—Powers & Anderson	15.00	
May 12—The Anacin Co.	60.00	
May 25—The Carolinian Cafe	8.00	
May 25—The Downtown Garage	8.00	
Jun. 20—Goodrich Silvertown	8.00	
Jun. 27—Pepsodent Company	25.00	\$ 463.25

DISBURSEMENTS

1930		
Dec. 10—Bynum Printing Co.	\$ 100.00	
Dec. 12—Bynum Printing Co.	77.60	
1931		
Jan. 13—Stamps and Mailing Bulletin	9.00	
Feb. 3—Eberhart Dental, refund	15.00	
Mar. 6—Stamps	2.00	
Apr. 23—Long Distance	2.25	
Apr. 30—Stamps	2.00	
May 12—Bynum Printing Co.	100.00	
May 20—Bynum Printing Co.	100.00	
Aug. 1—Bynum Printing Co.	50.00	
Sept. 16—Stamps	2.00	\$ 459.85
Balance in Bank, October 1, 1931		\$ 3.40

BULLETIN ACCOUNT, 1931-1932—NORTH CAROLINA
DENTAL SOCIETY

RECEIPTS FROM ADVERTISING

Balance from 1930-31	\$	3.40	
1931			
Oct. 26—Manley A. Sparks		8.00	
Nov. 18—Raleigh Dental Laboratory		25.00	
Nov. 18—Ætna Life Insurance Co.		45.00	
Nov. 18—Rothstein Dental Laboratory		45.00	
Nov. 18—Corega Chemical Co.		24.50	
Nov. 18—Manley A. Sparks		7.00	
Dec. 7—Powers & Anderson		45.00	
Dec. 30—Thompson Dental Co.		45.00	
1932			
Jan. 22—Harris Dental Company		45.00	
Feb. 19—Corega Chemical Co.		25.00	
Feb. 19—Manley A. Sparks		13.00	
Mar. 21—Raleigh Dental Laboratory		25.00	
Mar. 21—Seligman & Hite		15.00	
Mar. 25—New Southern Hotel		15.00	
Mar. 25—Central Cafe		8.00	
Mar. 25—Puritan Cafe		8.00	
Mar. 25—Virginia Dare Garage		8.00	
Apr. 18—Woodward Prosthetic Laboratory		25.00	
Apr. 18—Rothstein Dental Laboratory		12.50	
Apr. 30—Corega		25.00	
Apr. 30—Dentists' Supply		25.00	
May 12—Raleigh Dental Laboratory		25.00	
May 12—Texaco Co.		8.00	
May 13—Pepsodent Company		25.00	
May 26—Virginia Dare Hotel		15.00	
May 26—Manley A. Sparks		12.00	
Jul. 25—Coöperative Dental Laboratories		15.00	\$ 597.40

DISBURSEMENTS

1931			
Oct. 26—Stamps	\$	2.00	
Oct. 26—Mailing Bulletin		5.00	
Dec. 8—Bynum Printing Co.		162.40	
1932			
Feb. 5—Stamps		2.00	
Feb. 9—American Association Dental Editors		5.00	
Feb. 23—Dr. J. A. McClung		2.00	
Mar. 8—Bynum Printing Co.		108.60	

Mar. 8—Stamps	\$ 2.00	
Apr. 18—Stamps	4.00	
May 13—Bynum Printing Co.	217.24	
May 13—Cash, Notary fee	1.50	
Jul. 11—Postmaster, Mailing Bulletin	5.00	
Jul. 11—Cash, stamps	3.00	
	\$ 523.74	
Lost in Commercial Bank	33.50	\$ 553.24
Balance in Bank July 25, 1932		\$ 44.16

Dr. Clyde E. Minges, Rocky Mount:

Mr. President: the House of Delegates has just taken action with regard to Dr. Hale, and I think it was right and a proper thing to do. While the North Carolina Board of Dental Examiners is a distinct organization, more or less, I do feel that it would be fitting at this time for the House of Delegates to express its views or endorse the action as applied to the North Carolina Board of Dental Examiners in the same manner as to the Editor-Publisher. I do not feel that they should be held responsible for the loss in the bank. I make this in the form of a motion.

Dr. Paul Jones, Farmville:

Mr. President: I wish to second that resolution; in other words, assuring the Board of Examiners in their loss, that we are in sympathy with their hard luck. Don't that appeal to you as being more in order than a motion before this House of Delegates?

Dr. E. B. Howle, Raleigh:

Mr. President: as Secretary of the North Carolina State Board of Dental Examiners, I do not feel that any one was responsible for the loss of the \$366.00, because of the failure of the bank in which our money was deposited, after that bank had been recommended by all the members of the Board.

President Keel:

I dislike to interrupt, but isn't that a matter for the Board to decide and not for the House of Delegates?

Dr. Clyde E. Minges, Rocky Mount:

Gentlemen: I don't think a resolution is necessary in that case, and I move that the House of Delegates go on record as feeling that Dr. Howle or any member of the Board of Dental Examiners is responsible for the loss in the bank; in other words, a vote of confidence in our Board of Examiners. I make that in the form of a motion.

This motion was duly seconded and unanimously carried.

President Keel:

Gentlemen, there is a matter that I want to present to this House of Delegates; about a man living in our district who has been delinquent in his dues and there is some misunderstanding between the district secretary and the treasurer and the president, and myself, in regard to this matter.

This gentleman became delinquent two years ago. He paid his dues up to December 1st at Southern Pines, at the meeting of the Third District. I hold that that man paid \$24.00, which of course was due the district and so much the American Dental Society, and so much to the North Carolina Dental Society. I hold that that man paid his dues for the years of 1931 and 1932. The district secretary and the district president hold that that man has paid his dues for 1930 and 1931. I say that I don't think it's right to charge him for a year's dues when he paid it December 1st, because he received no benefit for the year and did not get the *Journal* for last year, and he can't get any benefit from the North Carolina Dental Society for that year.

So it was my idea and opinion that he was paying, that he was suspended and paid up his dues for last year and this year. I want to hear some discussion on it and I want to know who is right about it, and get the matter settled once and for all.

The secretary of the district and the president both say that it's setting a bad precedent. I authorized the man, myself, to come on to this meeting, and if I am wrong why I will see that the Society gets the twelve dollars, if I have to pay it myself.

Secretary Maddux:

I will pay half of it.

Dr. W. F. Clayton, High Point:

Mr. Chairman: as I understand it, if he had failed to pay his dues to December, and had gone past the 1st of January, then his name would have been automatically dropped. But he paid his dues before his name was automatically dropped. Now then, if he pays \$24.00 on the same basis, he would be reinstated on, he loses his life membership. It seems to me that it would be much more acceptable to him.

President Keel:

He loses any way, Dr. Clayton, when he fails to pay the year he should have paid.

Dr. W. F. Clayton:

I think you must be mistaken about that.

President Keel:

Consecutive, it is.

Dr. W. F. Clayton:

Any way, if he has never been suspended then he just owes the Society for two years, which he paid, and as the other dues were not due until the 1st of January, he is now due for 1932.

Dr. E. B. Howle, Raleigh:

Is this man a member of the North Carolina Dental Society and was being reinstated?

President Keel:

He was a member of the North Carolina Dental Society, yes.

Dr. E. B. Howle:

Was he joining when he sent you this \$24.00 check?

President Keel:

No, he wouldn't have sent \$24.00 to join, it only costs \$12.00.

Dr. Z. L. Edwards, Washington:

Mr. President: I take somewhat the attitude, or I have somewhat the same opinion that Dr. Clayton has. If this man did not pay in 1930, he was delinquent one year's dues. If he

did not pay in 1931, he was delinquent two years dues. If he had waited until after January 1st, 1931, to pay his dues, why then he would have paid his two years dues, he would have lost 1930, and he would have been a reinstated member. But since his name was on the record and had not been suspended for nonpayment of dues, he was still a member and the Society was carrying him and paying his American Dental dues.

President Keel:

The Society has not paid the American Dental dues.

Dr. Z. L. Edwards:

It seems to me if the Society was carrying him as a member, on its roster, without paying his American Dental dues, I don't see how they could avoid that. If they were carrying him on their list as a nonsuspended member, they were certainly under a responsibility to pay the American Dental dues.

President Keel:

A man cannot receive the benefits of the dues, even if he is one day in arrears. He doesn't get his *Journal*.

Dr. Z. L. Edwards:

Yes, but don't the Society pay his dues?

President Keel:

No, the Society does not pay his dues.

Dr. Z. L. Edwards:

Then he ought not to be carried on the roll as a member, then.

Dr. E. B. Howle:

He couldn't even attend a meeting until he paid his current dues.

Dr. Z. L. Edwards:

Mr. Secretary: has he been carried as a member of the North Carolina Dental Society?

Secretary Maddux:

He has been carried, but not for the last two years.

President Keel:

I do not believe that it's the right thing to do, to make a man pay \$12.00 dues for a year that he absolutely got nothing for, and he has lost his chance to be entitled to the twenty-five year period any way.

Dr. Z. L. Edwards:

Mr. President: I certainly think this is inconsistent. I think this \$24.00 should reinstate him. But if he has been carried on the roll as a member of the North Carolina Dental Society, up to the time that he paid his dues, why then I don't see how we can get around letting him skip one year.

President Keel:

Dr. Howle has had a lot of experience in this, I would like to hear his opinion on it.

Dr. E. B. Howle, Raleigh:

Mr. President: it has been sometime since I have been very closely contacted with that, and I really don't remember. As well as I do remember, that if a man's dues become payable, they are payable on the 1st day of January for each year, in advance. And if he does not pay those dues, within three months, that he is automatically taken off of the list, he is suspended rather, in other words he can't get his BULLETIN.

President Keel:

And he can't attend the group meetings, State or District. He cannot come in these doors until he has paid his dues from year to year, as I understand it.

Dr. Wilbert Jackson:

Mr. President: I think that if I have this correctly, and have been correctly informed, you have been bordering on the facts of the case, but all of them haven't been expressed. If I understand, this man was a clinician at the Third District Meeting. The president and the secretary of the Third District, when he appeared as a clinician, they disapproved of his being allowed to appear on their program as a clinician until he paid his dues. He was at that time one year and eleven months behind. And he immediately paid the \$24.00, which put him in good stand-

ing. His good standing only continued thirty days, because the 1st of January there was another \$12.00 due. Now, if he had waited until the 1st of January, 1932, to have paid his \$12.00, then his 1932 dues would have been paid and he would have been paying the 1930 dues. Now this \$12.00 was paid the 1st of December or the last of November, whichever it might be, for the purpose, as I understand it, and no other purpose, than to appear on this program. So if a man didn't attend the 1930 meeting, it was his fault. If he paid his dues on December 1st, it only paid his 1930 dues, and 1931 dues. But if he had waited until January 1st, his 1930 dues would have been paid. If that is not correct I do not understand our Constitution and By-Laws.

Dr. L. R. Gorham, Rocky Mount:

If he had been suspended or dropped from the roll, that wouldn't require the vote of this Society to reinstate him?

President Keel:

No, the district could reinstate him.

Dr. Wilbert Jackson:

He could pay one year's dues and the current dues and be reinstated.

Dr. Wm. F. Bell, Asheville:

That member is in arrears now for the prior year, as I understand it.

President Keel:

Yes sir, according to that. If you think it's the fair thing to do, to charge him \$12.00 for going down there and trying to do something to further the field of dentistry, to help put on the program by request of the committee, why then that is correct.

Dr. Wilbert Jackson:

Mr. President: I don't want to be misunderstood, I don't know who the man is, he may be one of my best friends, I hope he is. But as I understand the Constitution and By-Laws, we will have to change them or else that will prevail. I may be wrong, if I am I hope somebody will correct me.

President Keel:

I think there are many little instances where we have to use a little discretion, and stretch things a little bit.

Dr. Wilbert Jackson:

I think the House of Delegates can do it if they feel that they want to do it.

Secretary Maddux:

Mr. President and Gentlemen: we have certainly done wrong since I have been Secretary, then. At our district meeting down at Canton, as the incoming president of that district, I had our president, Dr. Paul Jones—I think you were then, Dr. Jones. Well, anyway, we made a drive in the First District to get real men, I mean men in that Society to join the district. And we made this drive, and if Dr. Jones will remember, out at the campus I said, “Paul, what are we to do if we get some of these fellows down here and they want to come in that have been out for three, four or five years, shall we take them in for the regular fee of \$12.00?” and you said it was all right to do that, you remember that, Dr. Jones?

Dr. Paul Jones, Farmville:

As new members, though.

Dr. N. P. Maddux:

As new members, but who were on the North Carolina Dental Society book, and we took some in.

Dr. Paul Jones:

If we took in any, I never knew it before now.

Secretary N. P. Maddux:

We took in C. M. Beam, and the North Carolina Dental Society has got \$12.00 of his money, we took it down there for one meeting, and he hasn't been to a single meeting since.

President Keel:

If that is the case, we ought to suspend all the dues that anybody has paid for back dues.

Secretary Maddux:

Gentlemen, I really think we are getting into trouble, into deep water. I have been absolutely innocent, and I have tried to do the right thing, but I certainly have messed you up in that respect. I didn't do it intentionally.

Dr. Paul Jones:

It wasn't our opinion or instructions that he would take anybody in that had been an old member, and unless it was somebody that was a new member, it was our instructions that we would take them in, you remember we discussed that. Of course, I don't know who was a new or old member down there, at all. And that was the angle that I was looking for.

Secretary Maddux:

Well, that was discussed.

Dr. Wm. F. Bell, Asheville:

Mr. President: may I ask, if a man has belonged to the Society and has not paid dues in four or five years, and not attended any meetings, if he wishes to come to the Society again would he have to pay for the four or five years?

President Keel:

He would have to pay one year's dues and the present dues.

Dr. E. B. Howle:

Mr. President: before we changed our Constitution and By-Laws at our meeting at Charlotte, when a man became delinquent, he had to be voted back into the North Carolina Dental Society at our spring meeting. Now then, at that meeting we changed our Constitution and By-Laws so that a man is not voted back into the Society when he becomes delinquent at our spring meeting, but he is voted back in the fall meeting of his district. Now I take it that when he is voted back in, in the meeting of his district, in the fall, that that takes the place of the action that we have heretofore taken care of in the spring, and I should say that that should take care of his following year.

President Keel:

That is my slant on it.

Dr. Paul Jones:

Mr. President: I believe we are trying to split a hair here, and it's a pretty hard job, it looks like. This boy came in right at the last of the year, and it does look pretty hard; and I think we ought to exercise a little elasticity on a proposition of that kind. We are not going to have these coming in day and day out, and we are not going to have a multitude of them or a great duplication of those. So when we get a case like this occasionally, I think we ought to exercise a little good judgment and use a little elasticity and probably pass it on occasionally. I don't think we can afford to adopt a hard and fast rule and stick to it that penalizes a man at times like this.

President Keel:

Is there any further discussion on this subject?

Dr. W. F. Clayton:

I should like to ask the President, again, if it is definitely settled, if we decide favorably on your point of view, will this man's years of consecutive membership be broken?

President Keel:

It certainly will, and certainly is. Because if you will take this little book here, you will find that in there it reads that a man must pay twenty-five consecutive years.

Dr. W. F. Clayton:

If it's broken for one year?

President Keel:

If it is broken for one year he loses his consecutive membership.

Dr. Paul Jones:

He would have to pay twenty-five consecutive years after that break, consecutively.

Dr. W. F. Clayton:

According to that then, this man would have to pay his dues promptly each year.

President Keel:

He has to pay them each year.

Dr. W. F. Clayton:

Well, if that is true, so long as a man's name is carried on the roll, then he is considered a member of the Society.

President Keel:

He is not counted as a member. Dr. Jackson didn't count them in his report as members.

Dr. Paul Jones:

He deducted those as suspended from his membership.

Dr. W. F. Clayton:

I am not satisfied in my mind about this matter. You say that it has to be twenty-five consecutive payments?

President Keel:

That is right.

Dr. W. F. Clayton:

I would just like to know what it actually means, the word "consecutive"; one following another, isn't it? All right, twenty-five consecutive years. All right, now then, as I understand this, if a man belongs to the organization for ten years and drops out two or five years, and comes back in and pays for fifteen years, unless that was worded as it is he would have to technically. I take the stand that if this gentleman pays \$36.00, then at the end of twenty-five years he has paid twenty-five consecutive years. I question whether your interpretation of consecutive years means that it has to be paid on the 1st of January. Now, if the North Carolina Dental Society fails to drop his name as a member, then I claim that he has been a member for twenty-five consecutive years.

President Keel:

Let me read you what it says, Dr. Clayton. This set of By-Laws was adopted at the Charlotte meeting in 1928.

"Article V.—Dues. Sec. 1. The annual Dues of this Society shall be ten (\$10.00) dollars, payable January 1st, for the ensuing year, four dollars of which shall be apportioned to the American Dental Association as provided for in Article II, Sections 1, 2, 3 of the By-Laws of the American Dental Association. Payment of Dues. Section 2. The payment of Dues to this Society shall be according to the provisions of this Article, Section 3, and payable in advance to the District Secretary-Treasurer in whose district the member practices, and to which Society he must belong, as provided for in Article III, Section 2, of the Constitution. Time of Payment Delinquency. Section 3. All dues shall be due and payable on or before January 1st, for the current year. Any member whose dues are not paid on or before January 20th, for the current year, shall not be entitled to receive the *Journal* of the American Dental Association until such dues are paid, subject to the rules of the *Journal*. Any member in arrears shall be disqualified from voting or from being elected to or holding any office in this Society. Dropping from the Roll. Section 4. Any member who shall fail to pay his or her dues for one year shall be dropped from the roll of membership and shall not be reelected until he or she shall have paid twenty (\$20.00) dollars (for reinstatement and a regular initiation fee of that year), and no member shall be dropped from the roll for nonpayment of dues when charges are pending."

Now there is also an article there that says that men who are at war or were at the World War, their dues were suspended while they were at war, and such other dues when a man is sick and disabled and can't take care of it, then it is taken care of for him.

Gentlemen, we have got to get going; is there any further discussion? -

Dr. Wilbert Jackson:

Mr. President: in view of the fact that it is only fifteen minutes until time for the banquet, I move you sir, that this be tabled until the next meeting of the House of Delegates, and be made the order of the day for the meeting of the House of Delegates.

This motion was duly seconded.

President Keel:

Gentlemen, you have heard the second, what is your pleasure in the matter?

Dr. Paul Jones:

Mr. President, I am in favor of getting rid of this thing; we have this thing about settled and we can get rid of it in just one minute.

Dr. Wilbert Jackson:

If it will bring this thing to an issue, I will withdraw my motion.

Dr. E. B. Howle:

Mr. President: I move you sir, that the rules be suspended, and it be considered that in this particular case the payment of the dues in question was equivalent to his having been reinstated in the spring, and that his 1932 dues have been paid.

This motion was seconded by Dr. Wm. F. Bell, and unanimously carried.

The meeting then adjourned at 5:30 o'clock p.m., Tuesday, May 3, 1932.

SECOND DAY—TUESDAY, MAY 3, 1932

BANQUET

The Banquet at 6:30 o'clock p.m., was presided over by Toastmaster Carl Goerch, of Washington.

Dr. J. H. White, of Elizabeth City, was asked to rise, in recognition of his long service.

Dr. Beck, representing Squibbs & Company, the only lady dentist present, was given recognition.

All the visiting Doctors were given recognition.

Speakers: W. O. Saunders; "Governor" Ehringhaus, introduced by Judge Walter Small.

Dr. Ralph Jarrett, of Charlotte, gave the prizes for the Golf Tournament, as follows: First Event, 1st prize, Dr. S. R. Horton, Raleigh; second prize, Dr. D. T. Carr, Durham.

Second Event: First prize, Dr. C. A. Graham, Greensboro; second prize, Dr. T. M. Daniels, Southern Pines; third prize, Dr. J. H. Hurdle; Last event, Dr. Mud Massey, Greenville.

Dr. Z. L. Edwards, of Washington, awarded President's Emblem to President Keel.

PRESENTATION OF PAST PRESIDENT'S MEDAL TO DR.
DENNIS KEEL AT ELIZABETH CITY, N. C.,
MAY 3, 1932

BY Z. L. EDWARDS

When you assumed the office of President of the North Carolina Dental Society, you did so at a time when we were in the midst of one of the greatest depressions this State has ever experienced. "While philosophers were wrangling and politicians were playing at snapdragons with the destinies of millions," you boarded the Good Ship of Dentistry. Tied to the mast like brave Ulysses, you launched out into the sea of service to your fellowman. Such a time needed the experience and devotion to the high ideals of service which have characterized your able leadership.

You have toiled unselfishly and courageously, moved only by the desire to do your duty, and in the doing to be of service to organized dentistry. You have striven, not for the jubilant song of the victors, not for the resounding acclaim of friends, lifted in chorus, nor for the chaplets of fame, but to be true to yourself, to your fellowman and to your profession.

As a reward for these services, it may never be yours to have a marble shaft or a monument of bronze erected to the memory of your administration, but may I assure you that because of the efficiency, the loyalty and the fidelity with which you have performed your duties, you have unconsciously caused to be erected, within the hearts and souls of every member present, a monument of love, admiration and respect, which is far more desirable than that of any physical structure to be viewed by future generations.

Now as a further evidence of our high regard and esteem, it is my happy privilege and pleasure to present to you on behalf of the North Carolina Dental Society this beautiful emblem. It is our desire that you accept it, not merely as a badge of honor but as a token of our appreciation and in recognition of your many years of efficient service.

It was suggested by the Toastmaster that it was evident that "Our President has kept us on an even keel."

Dr. Paul E. Jones presented a token of reward for the many years of service of Dr. J. N. Johnson, of Goldsboro.

Mr. Toastmaster, Ladies and Gentlemen of the North Carolina Dental Society and Guests: I would ask Dr. J. N. Johnson, to present himself before me. John as one of the younger men of this Society, I feel highly honored in having the privilege of performing the little duty, that I am now about to perform. In reviewing the History of the North Carolina Dental Society for the past thirty years, I find that your acts and influence have been indelibly imprinted in every step of our progress. Time after time we have wisely honored

you, as President, as member of the Examining Board, as member of the Legislative Committee, and dental member of the State Board of Health. In fact we have conferred upon you every honor in our power to confer. Your indomitable spirit and record of service in all of these most important positions of trust is outstanding, and by the record you have proved yourself a born fighter for the cause of organized dentistry. There are a multitude of incidents that I might point out as concrete examples of your great and noble value to this Society; but time will not permit and it is not necessary, for every one here knows of them already. Most of all, you have increased your zeal, for the advancement of our profession. Even after we have no honor left to bestow upon you, sick or well, weak or strong, in prosperity or adversity, you have ever been constant in our behalf. Such a record is an enviable one, one of which any man may be justly proud, and now in behalf of North Carolina Dental Society and twelve of your most intimate dental friends. I take great pleasure in presenting you this past President's Emblem.

Mrs. J. W. Foreman, of Elizabeth City, rendered a vocal solo. Mrs. Bennett and Mrs. Nixon, sang a vocal duet.

SECOND DAY—TUESDAY, MAY 3, 1932

EVENING SESSION

The meeting was called to order at 8:30 o'clock p.m., by President Dennis Keel.

President Keel:

The North Carolina Dental Society will please come to order. At this time I am going to recognize Dr. E. B. Howle, who has a resolution to present to this body.

Dr. E. B. Howle, Raleigh:

Mr. President, Members of the North Carolina Dental Society: If our time was not short and if I did not feel that all of you here tonight probably know as much about the subject-matter of this resolution as I do, or more, why I might attempt to explain it. However, I shall not. I will simply present the resolution as it is:

Whereas, there was created, by action of the House of Delegates at the meeting of the American Dental Association in Memphis last

year, an Educational Publicity Committee whose duty, it would appear, is to coöperate with advertising agencies in the selection of material suitable for publication in the press, the intent of which is the education of the public to a keener appreciation of the dangers attendant upon dental defects and the creation of a greater demand for dental services, and

Whereas, this said publicity material is intended to be published by the press for a monetary return, and

Whereas, such publication may, justifiably, be construed by the laity as advertising propaganda rather than as an educational program, and is liable, therefore, to react in a manner detrimental to the dignity and prestige of the dental profession, and

Whereas, we recognize in the North Carolina State Board of Health a highly organized body keenly alive to and appreciative of the important function of dentistry as a part of the healing art—an organization through which dental publicity material of true educational value is being disseminated, not only to the children of our schools but, in like manner, to our adult population, therefore,

Be it Resolved, that the organized dentists of North Carolina are opposed to the paid publication in the press of any material which might be interpreted as advertising;

Be it Further Resolved, that we instruct our delegates to the meeting of the American Dental Association at Buffalo to make known our attitude, and to exert themselves to counteract the damage which has already resulted, and coöperate to prevent a continuance of same;

Be it Further Resolved, that the secretary be instructed to send a copy of these resolutions to the Dental Educational Publicity Committee of the American Dental Association, to the officers and trustees of the American Dental Association and to the president and secretary of each State Society.

Dr. J. S. Spurgeon, Hillsboro:

Mr. President, I wish to second that motion, or I want to endorse that motion. I think that if we support that resolution that the North Carolina Dental Society will be proud of itself for combatting the tendencies of those items.

President Keel:

Is there any further comment on this resolution? Are there any further endorsements of the same?

Dr. P. E. Horton, Winston-Salem:

Mr. President, I wish to approve of the resolution and second what Dr. Spurgeon just now said.

Dr. J. S. Spurgeon:

Mr. President, I move that the resolution be adopted.

Dr. P. E. Horton:

I second the motion of Dr. Spurgeon.

President Keel:

I think you are out of order, Dr. Spurgeon. I think the resolution should be handed over to the Resolutions Committee for their study and approval and then brought back to the House.

Dr. J. S. Spurgeon:

I move it be referred to the Resolutions Committee.

This motion was duly seconded and carried.

Dr. Guy R. Harrison, of Richmond, Virginia, invited the members of the North Carolina Medical Society to attend the joint State meeting of Virginia and West Virginia.

President Keel:

The next order of business, Gentlemen, is the election of officers. I now ask for nominations of a man or men for President-Elect of the North Carolina Dental Society.

Dr. E. B. Howle, of Raleigh, nominated Dr. Ernest A. Branch, of Raleigh. Dr. H. O. Lineberger, of Raleigh, seconded the nomination.

The President appointed as tellers: Dr. G. Fred Hale, of Raleigh; Dr. E. B. Howle, of Raleigh; and Dr. S. B. Bivens.

Dr. R. A. Turlington, of Clinton, nominated Dr. J. H. White, of Elizabeth City. Dr. Leland M. Daniels, of Southern Pines, nominated Dr. L. M. Edwards, of Durham.

It was moved, seconded, and carried, that the nominations be closed.

Dr. J. H. White, Elizabeth City:

Mr. President, I wish to withdraw my name from nomination.

President Keel:

Will the gentleman who nominated Dr. White concede to his wishes?

Dr. R. A. Turlington, Clinton:

I will not withdraw Dr. White. He is a man that is all right. If he don't want the job, I will take it. (Much laughter.)

Dr. Leland M. Daniels, Southern Pines:

Mr. President, at the request of Dr. Edwards, I will withdraw his nomination, and will make it unanimous for Dr. Branch.

President Keel:

Dr. White is still a nominee.

Dr. J. H. White, Elizabeth City:

Mr. President, I ask that my nomination be withdrawn.

President Keel:

The gentleman refuses to withdraw the nomination.

Dr. R. A. Turlington, Clinton:

I cannot withdraw your name, Doctor White, I am going to keep you in. (Much laughter.)

Dr. J. H. White:

Mr. President, I don't want to be in nomination; I ask that Dr. Branch be elected by acclamation.

President Keel:

We can't do it, unless the gentleman will withdraw your name, Dr. White.

President Keel:

I will ask Dr. Howle to announce the vote.

Dr. E. B. Howle:

Gentlemen, there were 256 votes cast; the vote was very close; Dr. Branch was elected President-Elect.

President Keel:

Now Gentlemen, who will you have for your Vice-President?

Dr. Paul Jones, of Farmville, nominated Dr. H. E. Nixon, of Elizabeth City.

Dr. J. Martin Fleming, Raleigh:

Gentlemen, I nominate the man who so gracefully got out of the way for Dr. Branch. I nominate Dr. J. H. White for First Vice-President of this Society. It's an office of honor, without work, and he can fill it handsomely.

Dr. R. S. Turlington, Goldsboro:

Gentlemen, I wish to second that nomination with a great deal of pleasure. If he couldn't get first place he will work in the second. Come on, let's have him. (Laughter.)

Dr. J. H. White:

Mr. Chairman, I wish to withdraw my name, again, as Dr. Nixon is so much better worker than I am. I think he is the man for it. I thank the gentlemen very much for the honor, and I hope he will do this for me.

President Keel:

Dr. White wishes his name withdrawn, gentlemen, from nomination.

Dr. J. Martin Fleming:

I will withdraw it sir.

President Keel:

Are there any other nominations? There was a remark passed on the floor awhile ago that Dr. Branch must have been elected before he got here, because Dr. White wanted his name withdrawn. Gentlemen, this is not a railroad proposition. I asked four or five times awhile ago were there other nominations. Now, are there other nominations for Vice-President?

Dr. Paul Jones moved that the nominations be closed, and that the Secretary cast the unanimous vote for Dr. H. E. Nixon, as Vice-President. This motion was duly seconded and unanimously carried; the Secretary casting the vote, as directed.

President Keel:

The next order of business, is the Secretary-Treasurer. Whom will you have for your Secretary-Treasurer?

Dr. F. O. Alford, of Charlotte, nominated Dr. D. Leroy Pridgen, of Fayetteville. This nomination was seconded by

several. It was moved and duly seconded that the nominations be closed and the Secretary cast the unanimous vote of the North Carolina Dental Society.

President Keel:

Are there any other nominations? If not, all those in favor of the nomination being closed and the Secretary casting the unanimous vote of the Society for Dr. Pridgen, let it be known by saying aye.

The motion was carried and the Secretary cast the vote as directed for Dr. D. L. Pridgen.

President Keel:

Gentlemen, the next order of business is the nominations for a man to take Dr. Martin's place on the State Board of Examiners.

Dr. William F. Bell, of Asheville, nominated Dr. Clyde E. Minges, of Rocky Mount.

Dr. J. Martin Fleming, of Raleigh, nominated Dr. W. T. Martin, of Raleigh. This nomination was withdrawn, upon request of Dr. Martin.

Dr. Ralph Jarrett, of Charlotte, moved that the nomination be closed, and that the Secretary cast the vote of the entire membership for Dr. Clyde E. Minges. This motion was seconded, and carried.

President Keel:

Gentlemen, there is another place to be filled on the State Board, held at present by our beloved friend, Dr. Joe Betts. Who will you have for this place?

Dr. A. L. Wooten, of Raleigh nominated Dr. J. S. Betts, of Greensboro. Dr. H. A. Edwards of Greensboro nominated Dr. Henry C. Carr of Durham. Motion was put, seconded and carried that the nominations be closed.

Dr. E. B. Howle:

Gentlemen, there were 254 votes cast, the vote was close. Dr. Henry C. Carr of Durham was elected to the State Board of Dental Examiners.

Dr. J. S. Betts:

Mr. President, I move you, sir, that the vote be made unanimous.

This motion was properly seconded and passed.

President Keel:

Gentlemen, the next order of business is the election of a delegate to represent the North Carolina Dental Society for three years at the American Dental Association. Who will you have for your delegate?

Dr. Z. L. Edwards, of Washington, nominated Dr. C. E. Minges, of Rocky Mount; who was duly elected by acclamation.

President Keel:

Gentlemen, the next order of business is to elect an alternate. Who will you have?

Dr. J. Martin Fleming, of Raleigh, nominated Dr. H. E. Nixon, of Elizabeth City; who was duly elected.

President Keel:

Gentlemen, the next order of business is the selection of a place of meeting; and before this selection is made, we have several communications and otherwise, that I will ask the Secretary to read.

The Secretary read the communications received.

After much discussion, Dr. H. O. Lineberger, of Raleigh, made a motion that the North Carolina Dental Society recommend to the Executive Committee that the next meeting be between the dates of July 20 and September 1. This motion carried unanimously.

Dr. J. H. Judd, Fayetteville:

Mr. President, to show a further courtesy for the invitation extended by Dr. Graham of the University, I would like to ask the gentlemen who have nominated other places, to withdraw their nominations and let us make it unanimous for Chapel Hill.

All nominations were finally withdrawn, except Charlotte and Chapel Hill; and upon a vote, it stood 59 for Chapel Hill and 36 against.

Dr. Wilbert Jackson, Clinton:

Mr. President, Fellow Members of the North Carolina Dental Society: You have voted a majority for the next meeting to be held at Chapel Hill. Now, I don't believe there is a man that is in the North Carolina Dental Society worthy of membership in the North Carolina Dental Society, who is not willing for a majority to rule. Now, if you are a loyal member of the North Carolina Dental Society, I am counting on you one hundred per cent next year at Chapel Hill. If you are not, then I am not counting on you. You are men, you are not anything else; you are men every one of you. Meet me at Chapel Hill and make it the biggest and best meeting that we have ever had. (Much applause.) If you don't do it, then you are not worthy of the trust that has been placed upon us, because with all due respect to the men who have preceded us, we should have a greater meeting because it's a year later and we have the experience, the advantage of those who have had experience before to guide us and direct us, and with our own efforts there is no reason for not having a great meeting.

Granting you that it is warm at Chapel Hill, you will be better off for having gone to Chapel Hill than if you stay at home. Men, I am counting on you; don't fail me and I won't fail you. I thank you. (Much applause.)

President Keel:

In the rush just now, we forgot to elect two alternates to the A. D. A. I will hear nominations at this time.

Dr. S. B. Bivens, of Charlotte, and Dr. Wilbert Jackson, of Clinton, were nominated, seconded, and unanimously elected.

President Keel:

We have another committee report to read. Dr. Poole, of Kinston is chairman of this committee. Dr. Poole, will you please come forward.

Dr. J. Garves Poole, Kinston:

Mr. Chairman, since our last meeting, the Necrology Committee has the following names to report: Dr. H. E. Blackburn, of Walnut Cove; Dr. William Gaston Mizelle, of Charlotte; Dr. Robert S. Cole, of Rockingham; and Dr. A. C. Liverman, of Scotland Neck, who was overlooked last year.

MEMORIAL OF DR. H. E. BLACKBURN

BY L. R. THOMPSON, D.D.S.

Dr. Herman Eugene Blackburn was born September 11, 1899, near Kernersville, North Carolina. He was the son of B. F. and Carrie Sapp Blackburn. Reared in a Christian home, he was at the time of his almost sudden death, a member of the Walnut Cove Methodist Church.

After service in the World War Herman Blackburn entered the Atlanta Southern Dental College, graduating from that institution in 1924. He began the practice of his profession in the fall of 1924 at Walnut Cove, North Carolina, where he remained until his death.

Dr. Blackburn was married to Miss Helen Morgan of West Point, Georgia, April 5, 1924, and is survived by his wife, two daughters, Virginia and Betty Jean Blackburn; his father, a brother, Dr. Charles A. Blackburn of Winston-Salem; several half brothers and sisters, and a host of friends.

He was an active member of the American Dental Association and component organizations; Walnut Cove Lion's Club; Stokes County Board of Health; Walnut Cove Lodge 629 A. F. & A. M.; Winston-Salem Lodge of Perfection; Guilford Chapter Rose Croix; Neal Boone Post 197 American Legion; and held the commission of Lieutenant in the United States Army Dental Reserve Corps.

Dr. Blackburn suffered a fainting spell while in the bath room of his home at 8:00 o'clock Monday morning, dying Tuesday morning, March 22, 1932, at one a.m.

Although Herman Blackburn was young in the profession and civic life of our State, we may see from the long list of his activities that he was loyal in his duty as a citizen and professional man.

Whereas: after a short, but useful career, death has ended the life work of our fellow member, Herman Eugene Blackburn.

Resolved: that we, the members of the North Carolina Dental Society, feel deeply his loss and hereby express our appreciation of his worth and friendship.

Resolved: that a copy of this memorial be entered in the Minutes, a copy sent to members of his family and a copy published in the proceedings of the North Carolina Dental Society.

DR. WILLIAM GASTON MIZELLE

Doctor William Gaston Mizelle was born on his father's farm in Indian Woods Township in Bertie County on the 14th day of July, 1869. He died on the 20th day of February, 1932, in the city of Charlotte, N. C., where he had been taken for treatment in one of the hospitals of that city. His remains were brought to his home in Windsor, N. C. His burial took place in the church yard of the church there of which he was a member, on February 22, 1932. The services in the church were conducted by Reverend E. C. Kolb, pastor of that church. The burial service was conducted by Charity Lodge

Number 5, Masonic, of which the deceased was a member, Judge Francis D. Winston, Past Grand Master of the Grand Lodge of North Carolina, officiating.

Dr. Mizelle's parents were Joseph J. Mizelle and wife, Amelia Purrington Mizelle. His family connection in Bertie and Martin counties was large and influential.

He received his primary education in the neighborhood schools and in the high school in Windsor. He was a student of the University of North Carolina, and received his professional training and degree of Doctor of Dental Surgery B.C.D.S. in the city of Baltimore, 1893. Upon graduation there he passed our State Board, and was duly licensed to practice his profession. He located at Windsor, among those who knew him best. He was the first son of his native county to follow that profession in his native county. He met the expectation of his most ardent kinfolk and friends, and at once entered upon a large, successful and profitable practice, which he retained up to the illness of which he died. He stood at the top of his profession, and was in demand in the adjoining counties.

He did not retire himself from the life of his community. In the civic affairs of Windsor he took active interest, and was for years a member of the town's official family. He was a member of Cashie Baptist Church at Windsor. In public and private life he was an influential and useful citizen. He was a member of the Masonic Institution, and for a number of years he was Master of Charity Lodge Number 5, Windsor. He was a regular attendant upon the Grand Lodge sessions.

Dr. Mizelle was twice married. His first wife was Miss Tessie Britton, daughter of Honorable Daniel W. Britton, one of Bertie County's influential citizens. By her his children were born and are all living. A son, Doctor Daniel Britton Mizelle, followed his father's profession, and is located in Charlotte, where he is successful as a specialist, known and admired by the Dental Profession of North Carolina. His second wife, who survives him, was Mrs. Daisy Cross Parker, of the influential Cross family of Gates County.

I am fortunate in obtaining a synopsis of the remarks made by Judge Francis D. Winston in conducting our friend's funeral. He said in substance:

"Charity Lodge, by its proper committee, will pay deserved tribute and honor to the useful life and high character of our worthy brother. I first knew William Gaston Mizelle in his mother's arms. I have been most fortunate in inheriting from my honored father's friendships of many, my senior in age. Age did not enter into our friendship. Brother Jos. J. Mizelle was one of those friends. For years we sat in Charity Lodge, and my love for the father naturally passed to the son. Masonry strongly cemented our natural friendship. I watched his career with confidence, and saw him rise, step by step, until he became the influential citizen and doctor we all admired. I knew him as the polite and faithful school boy and student, rounding out his preparation for his life's work by collegiate train-

ing. I saw him come to the top of his profession, and dentists of eminence have borne testimony to me of his high professional attainments. I saw him take his first step in Masonry and go to the Mastership of Old Charity Lodge, and serve the Lodge and brethren in affection and confidence. I have seen him tried as an official of our town. I have therefore been given good opportunity to study and estimate him. He never failed in any duty of life. He, and his dear wives, were my very dear friends. You can well see the causes which make speech difficult as I stand by his open grave.

Farewell, dear friend—I shall soon follow you."

C. G. POWELL.

Copy to be sent to the family.

I move that these gentlemen's names be entered into the Minutes of this meeting.

This motion was unanimously carried.

Dr. C. G. Powell read a memorial to Dr. William Gaston Mizelle; and Dr. L. R. Thompson, read a memorial to Dr. H. E. Blackburn.

These memorials were accepted and it was unanimously carried that they be entered into the proceedings.

The meeting then, at 11:35 p.m., adjourned.

THIRD DAY—WEDNESDAY, MAY 4, 1932

MORNING SESSION

The Meeting of the House of Delegates was called to order at 8:30 o'clock a.m.

President Keel:

The House of Delegates of the North Carolina Dental Society will please come to order.

I declare a quorum present and we will now proceed to business. Are there any reports to be made?

Dr. H. L. Keith, Wilmington:

Mr. President, I want to report on the Committee of Relations of Physicians and Dentists, as follows:

There were about fifty delegates appointed to represent the North Carolina Dental Society at the annual meeting of the North Caro-

lina Medical Society which met in Winston-Salem, April 15th and 16th. Dr. J. A. McClung, of Winston-Salem read a paper entitled: "The Preservation of the Health of Our Youth from the Dentist's Standpoint" which was very ably discussed by Dr. E. A. Branch, Director of the Dental Division of the State Board of Health and Dr. W. Houston Moore, of Wilmington, a member of the North Carolina State Board of Medical Examiners. But, due to lack of time further discussion could not be permitted.

Respectfully submitted,

H. L. KEITH, *Chairman.*

H. C. CARR,

S. ROBT. HORTON.

It was moved, seconded, and carried that the report be accepted.

Dr. Clyde E. Minges, Rocky Mount:

Mr. Chairman, I have here a couple of resolutions that were handed to the Resolutions Committee. Shall I read the resolutions?

President Keel:

What is your pleasure, Gentlemen, do you want to hear the resolutions again?

Dr. J. Martin Fleming, Raleigh:

I really don't think it is necessary to read them.

Dr. Clyde E. Minges:

Gentlemen, if that is satisfactory, I will not enlarge on these, as they have already been before us, and I will only add as a part of my report, that the Resolutions Committee earnestly recommends the adoption of both these reports.

Dr. J. Martin Fleming:

I move the report of the Committee be received.

This motion was duly seconded, and carried.

Chairman, Dr. L. G. Coble, of the Carolina-Virginia Clinic Committee, appointed the following: Dr. Charles C. Poindexter, of Greensboro; Dr. H. L. Keel, of Winston-Salem.

It was moved, seconded, and carried, that the report be accepted.

Dr. J. S. Betts, Greensboro:

Mr. Chairman, your Ethics Committee begs leave to report that during the year no flagrant violations of our code have been noted.

In the realm of public relations, more familiarly known as advertising, your Committee recommends that each member of the Society exercise due caution in allowing the newspapers to tell in elaborate and laudatory language of his movements, activities, achievements, and accomplishments.

It was moved, seconded, and carried, that the report be accepted.

Dr. Z. L. Edwards, Washington:

Mr. President, and Gentlemen, the Executive Committee wishes to report the following:

REPORT OF THE EXECUTIVE COMMITTEE, 1932

The first meeting of the Executive Committee was held at the Robert E. Lee Hotel, Winston-Salem, N. C., immediately following the adjournment of our 1931 convention. At this time Dr. Fred Hale, of Raleigh, was elected Editor-Publisher and the meeting time of our 1932 convention at Elizabeth City was tentatively set to be May 2, 3 and 4. This date was definitely decided upon at a subsequent meeting.

Complying with the resolution adopted at our last convention, the Secretary-Treasurer's books were audited by a certified public accountant and sent to your chairman for examination by Dr. C. E. Minges, chairman of the 1931 Executive Committee, within 30 days after adjournment of our 1931 convention. The Secretary-Treasurer's books were found to be in order and your committee desires to commend Dr. Maddux for his neatness and the pride which he takes in keeping the records of the society.

Owing to the failure of the House of Delegates at our last annual convention to take definite action in an effort to have the publication of the Bulletin meet postal requirements, it became necessary for the Executive Committee to draft and adopt a resolution that would satisfy the demands of the Postoffice Department.

On November 21, 1931, a joint meeting with the Program Committee was held at the Carolina Hotel, Raleigh, N. C., for the purpose of discussing and arranging our 1932 program. Former members of the Executive and Program committees, the President-Elect, Editor-Publisher and the chairmen of several committees were invited to meet with us for the purpose of getting a cross-section view of the society as to the type of program most desirable.

At this time, your committee took under consideration the finances of the society, with a view of arranging the budget to meet the expenses of our Elizabeth City meeting. Realizing that because of economic conditions there might be a reduction in income, we re-

duced the budget several hundred dollars below that of 1931. Our President insisted that our program should be on the same high plane of former years, but economy should be our watchword. His many years of personal experience in arranging programs and his familiarity with the many details involved in an effort to estimate the cost of putting on a program were of invaluable assistance to your committee.

Our next meeting was held jointly with the Program Committee at Raleigh, N. C., on March 6, 1932. This was a short meeting. After receiving a report of the Program Committee, we were in a better position to consider further the essential details necessary in determining the estimate of our budget. Your committee also wishes to express its appreciation of the effective work done by the various committees, as well as individual members, in connection with arrangements for our Elizabeth City meeting and the interests of our Society during the past twelve months.

Respectfully submitted,

Z. L. EDWARDS, *Chairman Executive Committee.*

I intended to include in this recommendation that we express to the hotel managers, to the citizens of Elizabeth City, the local dentists, and all who contributed in any way to the success of this meeting; also the commander of the Cutter Pamlico, and the local golf members.

It was moved, seconded, and carried, that the report be accepted.

Secretary N. P. Maddux:

Mr. President and Gentlemen, I wish to make the following financial report:

Rocky Mount, N. C., July 6th, 1932.

DR. Z. L. EDWARDS, *Chairman Executive Committee,*
North Carolina Dental Society,
Washington, North Carolina.

Dear Sir:

In accordance with your instructions, we have examined the recorded transactions of N. P. Maddux, D.D.S., Asheville, North Carolina, Secretary and Treasurer of the North Carolina Dental Society, covering the period from June 25, 1931, to June 28, 1932, and as a result thereof, we submit herewith the following described statements:

Exhibit A—Statement of Receipts and Disbursements—
for the period from June 25, 1931, to June 28, 1932.

Schedule 1—Reconciliation of account with First National Bank and Trust Company, Asheville, North Carolina—June 28, 1932.

We found that all receipts of record were properly accounted for and all disbursements were supported by canceled checks. The cash balance at the close of the period was reconciled by examination of statement submitted by the depository bank, as shown in Schedule 1.

Respectfully submitted,

PERKINSON, GREATHOUSE AND COMPANY,

By F. L. GREATHOUSE,

Certified Public Accountant.

STATEMENT OF RECEIPTS AND DISBURSEMENTS

For the Period from June 26, 1931, to April 30, 1932

RECEIPTS

Cash Balance in First National Bank and Trust Co., Asheville, N. C., as shown on Audit Report of B. E. Perkinson & Co. June 25, 1931, Brought Forward.....	\$1,135.67	
Payments by Districts:		
First District.....	\$300.00	
Second District.....	486.00	
Third District.....	300.00	
Fourth District.....	520.00	
Fifth District.....	560.00	2,166.00
Life Membership Dues.....		108.00
Exhibit Space Rentals Collected.....		100.00
Total Receipts.....		\$3,509.67

DISBURSEMENTS

Telephone and Telegraph.....	\$	2.55	
Postage.....		51.92	
Supplies.....		64.05	
Miscellaneous Expenses, Including Printing of 1931 Proceedings.....		666.08	
American Dental Association, Proportionate Part of Dues:			
Membership Dues.....	\$776.00		
Life Membership Dues.....	136.00	912.00	
Total Disbursements.....			1,696.60
Cash Balance in First National Bank and Trust Company, Asheville, N. C.....			\$1,813.07

STATEMENT OF RECEIPTS AND DISBURSEMENTS

For the Period from June 25, 1931, to June 28, 1932

EXHIBIT "A"

RECEIPTS

FROM DISTRICTS:

First District—

Annual Dues.....	\$	330.00	
Life Members.....		12.00	\$ 342.00

<i>Second District—</i>			
Annual Dues.....	\$	698.00	
Life Members.....		32.00	\$ 730.00
<i>Third District—</i>			
Annual Dues.....	\$	510.00	
Life Members.....		40.00	550.00
<i>Fourth District—</i>			
Annual Dues.....	\$	650.00	
Life Members.....		32.00	682.00
<i>Fifth District—</i>			
Annual Dues.....	\$	714.00	
Life Members.....		20.00	734.00
Total Receipts from Districts.....			\$3,038.00
OTHER RECEIPTS:			
From Exhibitors and 1932 Meeting.....			372.50
Total Receipts.....			\$3,410.50
Balance—June 25, 1931.....			1,135.67
Total.....			\$4,546.17

NOTE.—This statement is subject to the comments attached.

DISBURSEMENTS

AMERICAN DENTAL ASSOCIATION:

Proportionate Part of Dues from Members—

Annual Dues.....	\$1,080.00	
Life Members.....	136.00	\$1,216.00

EXPENSE:

Salary—Secretary and Treasurer.....	\$	150.00	
Salary—Editor and Publisher.....		150.00	
Salaries—District Secretaries.....		125.00	
Postage.....		55.92	
Telephone and Telegraph.....		11.03	
Bond Premium—Secretary and Treasurer.....		7.50	
Expense—State Meeting.....		167.65	
North Carolina Dental Relief Association.....		200.00	
Reporting Annual Meeting.....		135.00	
Printing Annual Meeting Report.....		582.40	
Floral Designs—Deceased Members.....		9.00	
Medals Awarded at State Meeting.....		18.00	
Badges for State Meeting.....		19.00	
Clinician Expense.....		59.32	
Refunds, Exhibitors' Deposits—State Meeting.....		32.50	
Auditing.....		20.36	
Stationery, Printing and Supplies.....		57.85	1,800.53

Total Disbursements..... \$3,016.53

BALANCE JUNE 28, 1932:

Funds on Deposit, First National Bank and Trust Company, Asheville, N. C.....	1,529.64
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Total..... \$4,546.17

SCHEDULE 1

RECONCILIATION OF ACCOUNT WITH FIRST NATIONAL BANK AND TRUST
COMPANY, ASHEVILLE, N. C., JUNE 28, 1932

Balance per Bank Statement-----\$1,678.64

Deduct: Outstanding Checks:

Number	Payable to		
143	Dr. R. A. Wilkins, Secretary-----	\$	25.00
149	Dr. R. A. Wilkins, Secretary-----		30.00
155	H. Mahler's Sons-----		18.00
157	American Dental Association-----		52.00
158	American Dental Association-----		8.00
159	American Dental Association-----		4.00
161	Dr. L. R. Gorham-----		12.00
			<u>149.00</u>
	Balance—Exhibit A-----		<u><u>\$1,529.64</u></u>

NOTE.—This statement is subject to the comments attached.

It was moved, seconded and carried that the report be accepted.

Dr. J. Martin Fleming, Raleigh:

Mr. President, I am in favor of those members who have been suspended since January, I am in favor of reading this list out at our meeting.

President Keel:

Mr. Secretary, have you that list?

Secretary Maddux:

I have the ones up for suspension.

President Keel:

I think that is a good plan, I think the names should be read out.

Secretary Maddux:

Mr. President, the only thing is, it might not be quite fair: Miss Rogers had her report made out before we left Asheville as to the ones who were up for suspension. Now some of these fellows have come in maybe and paid their dues to the Society in full, here, and she hasn't entered them as of her report in Asheville. So I would hate for my name to be read out, unless

it was up for suspension. She hasn't had time to do everything and get those names up and go over the books and check them up again. I will be glad to check these over again.

List of names received from Dr. Maddux at a later date.

List of members for suspension for nonpayment of dues is as follows:

MEMBERS SUSPENDED FROM THE NORTH CAROLINA DENTAL SOCIETY, 1932

FIRST DISTRICT

Dr. J. M. Cheek.....	Asheville
Dr. F. W. Davis.....	Asheville
Dr. E. L. Edwards.....	Morganton
Dr. George Evans.....	Asheville
Dr. Edgar D. Jones.....	West Jefferson
Dr. C. B. Mott.....	Asheville
Dr. W. J. McDaniel.....	Rutherfordton
Dr. W. K. Whitson.....	Asheville
Dr. P. P. Yates.....	Lenoir
Dr. J. H. Smathers.....	Waynesville

SECOND DISTRICT

Dr. W. W. Abernathy.....	Charlotte
Dr. Dale Arthur.....	Charlotte
Dr. D. L. Belvin.....	Charlotte
Dr. A. W. Nance	Charlotte
Dr. W. P. Weeks.....	Charlotte
Dr. J. J. Guion.....	Charlotte

THIRD DISTRICT

Dr. C. A. Adams.....	Durham
Dr. R. S. Jones.....	Durham
Dr. R. H. Murphy.....	Mebane
Dr. H. N. Simpson.....	Winston-Salem

FOURTH DISTRICT

Dr. C. H. Blalock.....	Wendell
Dr. S. E. Douglass.....	Raleigh
Dr. R. F. Graham.....	Rowland
Dr. John DeWitte Muse.....	Henderson
Dr. H. L. Williamson.....	Whiteville

FIFTH DISTRICT

Dr. J. R. Allison.....	Wilmington
Dr. S. E. Butler.....	Scotland Neck
Dr. T. H. Faulkner.....	Kinston
Dr. R. C. Ingram.....	New Bern
Dr. C. G. Lancaster.....	Windsor
Dr. A. R. Mallard.....	Goldsboro

President Keel:

You have heard the report of the Secretary-Treasurer; what is your pleasure?

Dr. J. Martin Fleming, Raleigh:

I move that the report of the Secretary-Treasurer be accepted, and that we compliment Dr. Maddux on the work he has done and the splendid report as given in detail.

President Keel:

Before we vote on this, I want you to understand that this balance that he has given you is the balance before the bills of the Society have been paid. So, after we pay out the bills for this meeting and the expenses that haven't been paid for last year, for this fiscal year, there will be considerably less money in the bank.

Dr. J. Martin Fleming:

It is still a good report.

President Keel:

I know it, but I wanted you to understand that. I hope you all understand that. It seems that in years before that some people have not understood it. All in favor of accepting this report, as read, let it be known by saying aye.

The motion was carried unanimously.

The Legislative Committee made the following report:

The Chairman of your Legislative Committee, having queried by mail the members of the Committee as to any proposed legislation that they might have in mind to be considered at the next meeting of the Legislature, respectfully reports that he has not received any suggestions from any member of the committee for further legislative activity.

J. N. JOHNSON, *Chairman.*

It was moved, seconded, and carried, that the report be accepted.

Dr. Clyde E. Minges, Rocky Mount:

Mr. President, some one of course will say that this should be in the form of a resolution, possibly, others will say that we have already too many committees; but it has just occurred to

me, after hearing Dr. Guy Harrison say that there were present fifty-three visitors from the State of Virginia in our midst yesterday and today, and while it is true that we do have an Entertainment Committee, that committee has more than it can possibly take care of. I was just thinking that it would be well, realizing at the same time that we do have a great many committees in the Society, that we possibly don't need, that it would be well that a committee be appointed by the incoming President, whose duty it will be to entertain the non-clinicians, if that is a good word, visitors from our sister States at our meeting, and try to make them feel at home. In other words I know how I would feel, and all of us, if we were to go to Virginia and nobody spoke to us, nobody had a word to say to us.

And I am going to make a motion, that a committee be appointed by the incoming President to entertain the men who are not on our program, the visitors in our midst who are not on our program. That is the sense of my motion.

Dr. J. Martin Fleming, Raleigh:

Mr. President, is that committee to have any expense attached to it, on our part?

Dr. Clyde E. Minges, Rocky Mount:

No sir.

Dr. J. Martin Fleming:

Would that committee be from year to year?

President Keel:

Yes, it would. Would the name of that committee be the Entertainment Committee for Visitors, or what?

Dr. Clyde E. Minges:

Committee on Entertainment of our Visitors, from sister States.

This motion was duly seconded, and carried.

Dr. T. L. Young, Raleigh:

Mr. Chairman, I wish to make the following report for the State Institutions Committee:

REPORT OF STATE INSTITUTIONS COMMITTEE

Your State Institutions Committee, after obtaining information from the various State institutions, find that the following institutions have adequate dental service:

State Hospital (Raleigh), State Prison, State Sanatorium, School for the Blind, Orthopedic Hospital, Caswell Training School, State Hospital (Goldsboro), and Samarcand.

The following institutions don't seem to have adequate dental service:

State Hospital (Morganton), School for Deaf and Dumb, Jackson Training School, State Farm Colony.

We recommend that the State Society use its influence in securing a full-time dentist at the State Hospital (Morganton), and adequate dental service for the School for Deaf and Dumb, Jackson Training School and State Farm Colony.

T. L. YOUNG, *Chairman.*

A. PITT BEAM,

W. W. ABERNATHY,

L. M. FOUSHEE,

G. L. OVERMAN.

Dr. E. B. Howle, Raleigh:

Mr. Chairman, in addition to what we said last night, we should have some recognition of Dr. Nixon for the wonderful work that he has done; and I move that we tender him a vote of thanks.

This motion was seconded, and carried by a rising vote. (Applause.)

Dr. J. Martin Fleming:

Mr. President, I want to make a verbal report about the Relief Fund, the Dental Relief Fund of the North Carolina Dental Society.

You know that we put two hundred dollars a year to its credit, the same as any other expense; and so far we haven't drawn any of that fund out, neither have we lost any in any of the various bank failures. It is still intact.

President Keel:

What bank is that in, Doctor?

Dr. J. Martin Fleming:

It's in the North Carolina Banking and Trust Company, what was known as the old Citizens Bank, in Raleigh. We have put two hundred dollars in it for four consecutive years, not count-

ing this year, we haven't put that in yet, and \$69.21 has accrued as interest. So we now have a balance in the bank of \$869.21.

It was moved, seconded, and carried, that the report be accepted.

The Oral Hygiene Committee, made the following report:

Dental Health Education Programs were conducted in thirty-three counties during the period July 1, 1931, to March 31, 1932.

34,603 children were examined.

23,782 were treated.

6,461 were referred to their dentists.

4,928 repeaters worked for.

Seven hundred lectures in Oral Hygiene were delivered to 55,000 children.

Respectfully submitted,

ERNEST A. BRANCH, *Chairman.*

President Keel:

Are there any other reports? Or any other business to come before this House?

Secretary Maddux:

Mr. President, I would like for my own information as Secretary-Treasurer, to know as to how much I should write my check for salary, and also for Dr. Fred Hale? There seems to have been a little misunderstanding on the part of some of the members as to whether the law went into effect that the Secretary's salary should be reduced to either two hundred or a hundred and fifty. I would like to know just what I should do about it.

Dr. J. Martin Fleming, Raleigh:

Mr. President, I can see the point that these gentlemen have been laboring under; but if I had been secretary and they had passed a motion at the last meeting that my salary be cut from \$250.00 or \$350.00 to \$150.00, whatever the cut was, I wouldn't want to accept a greater salary for the time since that motion was passed.

Dr. E. B. Howle, Raleigh:

Mr. President, I happened to be on the committee to report on the President's address at the last meeting, at Winston-Salem. The President made a recommendation as to what

these salaries should be, and that was placed at \$150.00, as of that date, as we interpreted it, both as regards the Secretary-Treasurer and the Editor-Publisher.

Secretary Maddux:

I hope that you all understand. I just want to know, not that I want a cent that is not coming to me. If you say \$150.00, why that is right. And I just simply want the question to come up, because I am going out of the office, as you know, and I think you know that quite well, and I don't want to take a cent that is not absolutely right, and I don't expect to. I just put that question because it has been discussed.

Dr. G. Fred Hale, Raleigh:

Mr. President and Gentlemen: I think there probably has been a misunderstanding on the part of some of the members who read the proceedings. Dr. Howle stated it correctly, and I think there is a technical involvement there that neither Dr. Maddux nor myself wanted to take advantage of. We wish to act according to the meaning of this body and not according to any technicality. The report of the committee was adopted by the House of Delegates, but I don't think that the Constitution and By-Laws were changed. That is rather the sense that some of the men in the organization have gotten. Somebody raised that question a time or two. It's purely a technicality.

Dr. E. B. Howle:

I may be incorrect in this, but since I have been connected with the affairs of that, my opinion has been this, that when the President recommended something that was at variance with the former procedure of the Society, and that was adopted by the Society, that that was equivalent to a change in the Constitution and By-Laws. Is that your understanding?

Dr. J. Martin Fleming:

I think that is right. Mr. President, I move that that be our interpretation.

This motion was duly seconded and unanimously carried.

Dr. Z. L. Edwards, Washington:

Mr. President, we have been paying our respects to others who have labored for the service of our Society. At this time

I wish to pay my respects to our retiring Secretary. It has been my privilege and pleasure to be closely associated with him on the Program and Executive committees during the past two years; and I wish to express my appreciation for the spirit which he has shown in the execution of his duties. He, being from the west, had to travel a greater distance than many of us in the east, but never yet have I heard him complain of the distance which he had to travel, regardless of where the meeting was called. And I just wanted to take advantage of this occasion to express my appreciation for the spirit which he has shown in the execution of his duties.

President Keel:

And he has never complained. Gentlemen, let's give Maddux a rising vote of thanks. (All rose and applauded.)

Secretary N. P. Maddux:

Gentlemen, Mr. President, I can't help but get to my feet and thank you from the bottom of my heart, this Society, and the members that I have worked with for their coöperation and esteem. (Applause.)

Dr. J. C. Watkins, Winston-Salem:

Gentlemen, I move that we give our President a rising vote of appreciation for his wonderful work. (All rose, applause.)

Dr. Paul Jones, Farmville:

Mr. President, I can't let the opportunity pass to endorse with enthusiasm the remarks of my good friend, Dr. Edwards, in regard to Dr. Maddux, and of course I endorse the other, too. But it has been my privilege and pleasure to work with Dr. Maddux the last two years, and I, too, have never heard him complain, and we called him to come from Asheville to the coast, and Maddux was always on the job. Nat, you have been a wonderful worker, and I commend you, and will always revere you.

Secretary Maddux:

Thank you, Paul.

Dr. Clyde E. Minges:

I would like to add a word to that, and not that we commend him because he has never complained, but for the excellent work that he has done while holding this office. (Much applause.)

President Keel:

Gentlemen, is there other business to come before the House of Delegates? If not, I will entertain a motion for adjournment.

The meeting then, at 9:45 o'clock a.m., adjourned.

THIRD DAY—WEDNESDAY, MAY 4, 1932

MORNING SESSION

The Convention was called to order at 9:45 o'clock a.m.

President Keel:

The North Carolina Dental Society will please come to order. I recognize Dr. S. W. Gregory.

Dr. S. W. Gregory, Elizabeth City:

Gentlemen, as a member of the Entertainment Committee, I want to express in behalf of the Committee, our appreciation of your coming to Elizabeth City, the first time in the history of the North Carolina Dental Society. Never but once before in my recollection has it been this side of Raleigh; I believe you did hold a session in Morehead in 1875 to start with.

We certainly have enjoyed having you with us, and I want to ask you to come again, and we will be right here to entertain you.

President Keel:

Thank you Dr. Gregory. (Applause.)

Gentlemen, is there anything to come up before the Society? Is there anything of importance that any of you wish to say? If not, I will ask Dr. Minges and Dr. Furr to escort the President-Elect of the North Carolina Dental Society to the rostrum.

President-Elect Wilbert Jackson, of Clinton, was escorted up.

President Keel:

Dr. Jackson, I turn this gavel over to you and ask that you receive it and handle it in the manner that you always have handled everything, and tell you, when I turn it over to you, that I have spent the happiest year of my life serving the North Carolina Dental Society, and I hope that you will get the same amount of good out of serving that I have.

Dr. Wilbert Jackson:

Thank you. (Applause.) Members of the North Carolina Dental Society, I want to assure you that were it not for the fact that I want to be of service to the best Dental Society in the world, I would resign now. I can't be the service that I want to be to the Society, to you as individuals, if you don't tell me your wants. We may not agree on every question, but if we don't agree we can get together and work for the common good of dentistry in North Carolina.

And knowing you men as I do, if we should differ on any question, I know that you are big enough, and I hope I am going to be big enough, to yield to your wishes, if they are better than mine, and your judgment if it is better than mine. And men, I shall welcome your advice and council from the oldest to the youngest. There are none of us infallible, we are human, we are prone to mistakes. I shall make them, but if I do it will be of the head and not of the heart.

Men, I want to be of service to the North Carolina Dental Society this year. I hope you will command me. (Applause.)

President Keel:

The next order I believe is the installation of the Vice-President. I ask Dr. Howle and Dr. Betts to present the Vice-President.

Dr. H. E. Nixon, was escorted to the rostrum. (Applause.)

President Jackson:

The next in order is the installation of the Secretary-Treasurer. I will ask Drs. Hale and Edwards to present the Secretary-Treasurer for installation.

Dr. D. L. Pridgen, was escorted to the rostrum. (Applause.)

Dr. Henry C. Carr, of Durham, and Dr. C. E. Minges, Rocky Mount, members of the North Carolina Board of Dental Examiners, were then escorted to the rostrum.

President Jackson:

To you men I want to say, that in my opinion on your shoulders, together with the others who comprise your Board, rests the greatest responsibility of any of the supports of the North Carolina Dental Society. If the high standard of this Society and the dental profession is to be sustained, it must be sustained to a great degree by you and your Board. I am sure that this Society has made no mistake in choosing you men to the places which I hope you will fill with honor and credit. (Applause.)

Dr. Clyde E. Minges, Rocky Mount:

Mr. President, I think we should give a rising vote of thanks to Betts and Martin for the great services that they have already rendered this Society. (Applause.)

All rose and applauded.

President Jackson:

Is there any other business to come before this Society at this time?

Dr. E. B. Howle, Raleigh:

Mr. President, may I say just two words?

President Jackson:

You may say four.

Dr. E. B. Howle:

I just wanted to say, as Chairman of the Extension Court Committee, it looks like we are going to die of old age. Now we want to know if you want us to revive this institution? I think right now is a good time to get the opinion of you men, and I would like to get an expression of opinion as to whether you would like to see this thing revived or not. If you don't why I think we might as well dispense with our committee. If you think it would be wise to go ahead with this again, I will be very glad to go to work on it.

Dr. J. Martin Fleming, Raleigh:

Mr. Chairman, it seems to me that that Committee is more competent to deal with that question than we would be. He

might ask for some expressions from us, but after he gets the expression he will have to take the matter up with the Committee. And I am in favor of doing that now.

Dr. Z. E. Edwards, Washington:

My opinion is that it is very hard to get an intelligent decision on that subject at this time, because we don't know what the conditions are going to be. And it seems to me a good way to work that would be to take it up with the various district societies and get their sentiment and their action.

Dr. E. B. Howle:

Mr. President, I still repeat, I would like to get an expression of opinion from these men, today, the most representative men of the North Carolina Dental Society.

President Jackson:

You have heard the request of Dr. Howle, and I think it is timely. Just feel free to say what you think about it.

Dr. Paul Jones:

Mr. Chairman, due to the economic conditions that are staring us in the face at this time, my opinion is that we could not conduct a successful post-graduate course for the coming year; and I would like to go on record as expressing that opinion at this time.

Dr. J. S. Spurgeon, Hillsboro:

Gentlemen, I would like to give expression to the same idea that Dr. Jones has expressed.

Dr. Clyde E. Minges, Rocky Mount:

Mr. Chairman, I also concur in what Dr. Jones and Dr. Spurgeon have said. However, I do not think it wise that the committee be abolished. Conditions will change and I think it would be well for the committee to still serve, and if later on at some time we have the need or have the desire for a post-graduate work, we will have a committee ready to function.

President Jackson:

Without a motion I think we will just continue that committee, and if in their judgment next year they desire to recommend an extension course, we will be pleased to have them

do it. But we would like for them to make a recommendation at the next meeting as for the next year. Since you have heard the expressions, I am sure you will be better able to know what to do.

Committees for ensuing year are as follows:

EXECUTIVE COMMITTEE

Z. L. Edwards, 1934, <i>Chairman</i>	Washington, N. C.
W. F. Clayton, 1933	High Point, N. C.
R. M. Olive, 1935	Fayetteville, N. C.

PROGRAM AND CLINIC COMMITTEE

D. L. Pridgen, <i>Chairman</i>	Fayetteville, N. C.
H. O. Lineberger, <i>Vice-Chairman</i>	Raleigh, N. C.
C. C. Poindexter	Greensboro, N. C.
C. C. Bennett	Asheville, N. C.
Ralph Jarrett	Charlotte, N. C.
M. T. McMillian	Goldsboro, N. C.

ETHICS COMMITTEE

H. L. Keith, <i>Chairman</i>	Wilmington, N. C.
J. W. Whitehead	Smithfield, N. C.
J. C. Watkins	Winston-Salem, N. C.

LEGISLATIVE COMMITTEE

J. M. Fleming, 1933	Raleigh, N. C.
Z. L. Edwards, 1934	Washington, N. C.
E. B. Howle, 1935	Raleigh, N. C.
P. E. Jones, 1936	Farmville, N. C.
J. N. Johnson, 1937	Goldsboro, N. C.

ORAL HYGIENE COMMITTEE

E. A. Branch, <i>Chairman</i>	Raleigh, N. C.
F. L. Hunt	Asheville, N. C.
Neal Sheffield	Greensboro, N. C.
L. J. Dupree	Kinston, N. C.
W. D. Gibbs	Charlotte, N. C.
R. A. Turlington	Clinton, N. C.

LIBRARIAN

Jessie L. Zachery	Raleigh, N. C.
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SUPERINTENDENT OF CLINIC COMMITTEE

S. R. Horton, <i>Chairman</i>	Raleigh, N. C.
Dewey Boseman	Wilson, N. C.
O. L. Presnell	Ashboro, N. C.
P. E. Horton.....	Winston-Salem, N. C.
P. E. Jones	Farmville, N. C.

CLINIC BOARD OF CENSUS

J. S. Betts, <i>Chairman</i>	Greensboro, N. C.
J. W. Whitehead	Smithfield, N. C.
A. P. Beam	Shelby, N. C.
A. D. Barber	Sanford, N. C.
J. M. Holland	Statesville, N. C.
H. E. Nixon	Elizabeth City, N. C.

RESOLUTIONS COMMITTEE

J. H. Wheeler, <i>Chairman</i>	Greensboro, N. C.
P. R. Falls	Gastonia, N. C.
F. O. Alford	Charlotte, N. C.
A. T. Jeanette	Washington, N. C.
W. L. McRae	Red Springs, N. C.

NECROLOGY COMMITTEE

J. C. Watkins, <i>Chairman</i>	Winston-Salem, N. C.
C. D. Bain	Dunn, N. C.
Geo. C. Hull	Charlotte, N. C.
W. F. Bell	Asheville, N. C.
J. H. Hurdle	Mebane, N. C.
J. O. Broughton	Wilmington, N. C.

STATE INSTITUTIONS COMMITTEE

Victor Bell, <i>Chairman</i>	Raleigh, N. C.
J. R. Edwards	Fuquay Springs, N. C.
Oscar Hooks	Wilson, N. C.
J. L. Ashby	Mt. Airy, N. C.
Jno. R. Pharr	Charlotte, N. C.

MILITARY COMMITTEE

I. H. Hoyle, <i>Chairman</i>	Henderson, N. C.
S. E. Moser	Gastonia, N. C.
E. G. Clicke	Elkin, N. C.
A. D. Underwood	Raleigh, N. C.
Vernon M. Barnes	Wilson, N. C.

LIABILITY INSURANCE COMMITTEE

J. H. Wheeler, <i>Chairman</i>	Greensboro, N. C.
T. A. Wilkins	Gastonia, N. C.
A. B. Mizzell	Charlotte, N. C.
J. A. Jernigan	Dunn, N. C.
L. J. Merdith	Wilmington, N. C.

MEMBERSHIP COMMITTEE

E. A. Branch, <i>Chairman</i>	Raleigh, N. C.
Irby Hoyle	Henderson, N. C.
Chas. R. McCall	Forest City, N. C.
R. A. Wilkins	Burlington, N. C.
Paul Fitzgerald	Greenville, N. C.

EXHIBIT COMMITTEE

D. L. Pridgen, <i>Chairman</i>	Fayetteville, N. C.
W. T. Martin, <i>Vice-Chairman</i>	Raleigh, N. C.
R. H. Holliday	Thomasville, N. C.
A. S. Cromartie	Fayetteville, N. C.
A. C. Currant	Gastonia, N. C.
L. R. Gorham	Rocky Mount, N. C.

DENTAL COLLEGE COMMITTEE

J. S. Spurgeon, <i>Chairman</i>	Hillsboro, N. C.
J. A. McClung	Winston-Salem, N. C.
S. L. Bobbitt	Raleigh, N. C.
A. C. Bone	Rocky Mount, N. C.
J. H. Judd	Fayetteville, N. C.

EXTENSION COURSE COMMITTEE

E. B. Howle, <i>Chairman</i>	Raleigh, N. C.
J. N. Johnson	Goldsboro, N. C.
Dennis Keel	Greensboro, N. C.
A. H. Fleming	Louisburg, N. C.
E. A. Branch	Raleigh, N. C.

COMMITTEE ON RELATIONS OF PHYSICIANS AND DENTISTS

J. M. Fleming, <i>Chairman</i>	Raleigh, N. C.
J. S. Betts	Greensboro, N. C.
E. B. Howle	Raleigh, N. C.
F. L. Hunt	Asheville, N. C.
W. M. Robey	Charlotte, N. C.
W. D. Gibbs	Charlotte, N. C.
H. E. Story	Charlotte, N. C.
G. Fred Hale	Raleigh, N. C.
E. L. Smith	Raleigh, N. C.
E. A. Branch	Raleigh, N. C.
J. N. Johnson	Goldsboro, N. C.
W. T. Martin	Raleigh, N. C.

CAROLINA-VIRGINIA CLINIC COMMITTEE

Neal Sheffield, <i>Chairman</i>	Greensboro, N. C.
E. N. Lawrence	Raleigh, N. C.
Horace K. Thompson	Wilmington, N. C.
Harry Keel	Winston-Salem, N. C.
C. I. Miller	Albemarle, N. C.
L. R. Thompson	Winston-Salem, N. C.
J. E. L. Thomas	Tarboro, N. C.

COMMITTEE TO ORGANIZE DENTAL ASSISTANT'S SOCIETY

Dennis Keel, <i>Chairman</i>	Greensboro, N. C.
Clyde Minges	Rocky Mount, N. C.
W. F. Bell	Asheville, N. C.

COMMITTEE TO PROPERLY CATALOGUE THE AMENDMENTS TO THE
CONSTITUTION AND BY-LAWS

J. M. Fleming, <i>Chairman</i>	Raleigh, N. C.
H. O. Lineberger	Raleigh, N. C.
W. T. Martin	Raleigh, N. C.

COMMITTEE ON ENTERTAINMENT OF VISITORS

J. S. Spurgeon, <i>Chairman</i>	Hillsboro, N. C.
J. H. Wheeler	Greensboro, N. C.
J. M. Fleming	Raleigh, N. C.
J. C. Watkins	Winston-Salem, N. C.
H. E. Story	Charlotte, N. C.
L. M. Edwards	Durham, N. C.

PUBLICITY COMMITTEE

F. O. Alford, <i>Chairman</i>	Charlotte, N. C.
Harry Keel	Winston-Salem, N. C.
J. G. Pool	Kinston, N. C.
H. N. Walters	Warrenton, N. C.
D. K. Lockhart	Durham, N. C.

GENERAL ARRANGEMENT COMMITTEE

L. M. Edwards, <i>Chairman</i>	Durham, N. C.
D. T. Carr	Durham, N. C.
E. B. Howle	Raleigh, N. C.
D. K. Lockhart	Durham, N. C.
J. P. Jones	Chapel Hill, N. C.

GOLF COMMITTEE

D. T. Carr, <i>Chairman</i>	Durham, N. C.
J. S. Spurgeon	Hillsboro, N. C.
A. B. Bland	Durham, N. C.
J. E. Swindell	Raleigh, N. C.
R. R. Clark	Chapel Hill, N. C.

ENTERTAINMENT COMMITTEE

J. P. Jones, <i>Chairman</i>	Chapel Hill, N. C.
E. R. McCutcheon	Durham, N. C.
R. R. Clark	Chapel Hill, N. C.
S. L. Bobbitt	Raleigh, N. C.
H. R. Chamblee	Raleigh, N. C.

Is there any further business?

If not, I declare this, the Fifty-Eighth Annual Meeting of the North Carolina Dental Society, adjourned.

The meeting then, at 10:00 o'clock a.m., Wednesday, May 4, 1932, adjourned.

NEW MEMBERS IN NORTH CAROLINA DENTAL SOCIETY IN 1932

FIRST DISTRICT

Dr. J. Spence Howell	Morganton
Dr. Carl Hardin	Brevard
Dr. H. M. May	Asheville
Dr. C. H. McCracken	Asheville
Dr. C. W. Stephens	Hickory
Dr. J. L. West	Franklin

SECOND DISTRICT

Dr. W. L. Ezzell	Concord
Dr. Wade A. Sowers	Lexington
Dr. L. O. Herring	Charlotte

THIRD DISTRICT

None.

FOURTH DISTRICT

Dr. W. W. Rankin	Raleigh
Dr. W. E. Campbell	Littleton

FIFTH DISTRICT

Dr. M. M. Harris	Elizabeth City
Dr. O. L. Wilson	Kinston
Dr. James H. Smith	Wilmington
Dr. M. R. Smith	Harrellsville
Dr. William Parker	Elizabeth City
Dr. A. C. Early	Aulander
Dr. George Dennis	Wallace

MEMBERS OF THE NORTH CAROLINA DENTAL SOCIETY IN GOOD STANDING

FIRST DISTRICT

Dr. W. R. Aiken	Asheville
*Dr. A. D. Abernathy	Granite Falls
Dr. L. P. Baker	Kings Mountain
*Dr. O. C. Barker	Asheville
*Dr. W. F. Bell	Asheville
Dr. C. C. Bennett	Asheville
Dr. A. Pitt Beam	Shelby
Dr. J. F. Campbell	Hickory
Dr. H. H. Carson	Hendersonville
Dr. W. W. Carpenter	Hendersonville
Dr. W. K. Chapman	Sylva
Dr. W. E. Clark	Asheville
Dr. A. P. Cline	Canton

*Indicates members attending Elizabeth City meeting.

Dr. Dean Crawford	Marion
Dr. A. C. Currant	Gastonia
Dr. E. M. Cunningham	Asheville
Dr. B. A. Dickson	Marion
Dr. H. C. Dixon	Shelby
Dr. A. C. Edwards	Laundale
Dr. P. R. Falls	Gastonia
Dr. W. E. Furr	Franklin
Dr. S. P. Gay	Waynesville
Dr. I. K. Grimes	Asheville
Dr. J. L. Greer	Rutherfordton
Dr. O. H. Hester	Hickory
Dr. J. Spence Howell	Morganton
Dr. Carl Hardin	Brevard
Dr. B. F. Hall	Asheville
Dr. C. Highsmith	Gastonia
Dr. Lyman J. Hooper	Asheville
Dr. Ralph R. Howes	Forest City
Dr. F. L. Hunt (Life Member)	Asheville
Dr. H. W. Jordan	Belmont
Dr. H. A. Karesh	Lincolnton
Dr. A. A. Lackey	Fallston
Dr. O. Preston Lewis	Kings Mountain
*Dr. J. B. Little (Life Member)	Hickory
Dr. R. A. Little	Asheville
Dr. H. M. May	Asheville
Dr. E. D. Moore	Gastonia
Dr. James Marshburn	Black Mountain
Dr. L. H. Mann	Asheville
*Dr. N. P. Maddux	Asheville
Dr. M. N. Medford	Waynesville
Dr. O. S. Moore	Belmont
Dr. W. J. Miller	Lenoir
Dr. O. L. Moore	Lenoir
Dr. S. E. Moser	Gastonia
Dr. C. H. McCracken	Asheville
Dr. Matt McBrayer	Rutherfordton
*Dr. Chas. S. McCall	Forest City
Dr. D. E. McConnell (Life Member)	Gastonia
Dr. W. P. McGuire	Sylva
Dr. J. R. Osborne (Life Member)	Shelby
Dr. George Patterson	Asheville
Dr. J. M. Parker (Life Member)	Asheville
Dr. C. M. Peeler	Shelby
Dr. Cecil Pless	Asheville
Dr. Hugh Plaster	Shelby
Dr. Ralph Ray	Gastonia
Dr. W. C. Raynor	Newton
*Dr. John F. Reece	Lenoir
Dr. H. L. Robertson	Cliffside
Dr. G. R. Salisbury	Murphy

Dr. I. R. Self	Lincolnton
*Dr. J. A. Sinclair	Asheville
Dr. S. H. Steelman	Maiden
Dr. C. W. Stephens	Hickory
Dr. Paul W. Troutman	Hickory
Dr. J. F. Whisnant	Henrietta
Dr. L. E. Wall	Bessemer City
Dr. R. C. Weaver	Asheville
Dr. C. T. Wells	Canton
Dr. C. B. Yount	Hickory
Dr. J. A. Young	Newton
Dr. T. A. Wilkins	Gastonia
Dr. P. W. Winchester	Morganton
Dr. Frank R. Wilkins	Forest City
Dr. J. L. West	Franklin

SECOND DISTRICT

*Dr. F. O. Alford	Charlotte
Dr. P. Y. Adams	Statesville
Dr. C. L. Alexander (Life Member)	Charlotte
Dr. George S. Alexander	Kannapolis
Dr. T. I. Allen	Charlotte
Dr. Fred Anderson	Winston-Salem
*Dr. John L. Ashby	Mount Airy
Dr. J. E. Banner (Life Member)	Mount Airy
Dr. Carl A. Barkley	Winston-Salem
*Dr. J. R. Bell	Davidson
Dr. Grover C. Bernard	Kannapolis
Dr. A. Mack Berryhill	Charlotte
Dr. J. P. Bingham	Lexington
*Dr. S. B. Bivens	Charlotte
Dr. C. B. Blackburn	Winston-Salem
Dr. H. E. Blackburn	Walnut Cove
Dr. A. R. Black	Charlotte
Dr. I. A. Booe	Mocksville
Dr. Daniel B. Boger	Charlotte
*Dr. A. S. Bumgardner	Charlotte
Dr. J. D. Carlton (Life Member)	Salisbury
Dr. John W. Carlton (Life Member)	Spencer
Dr. E. C. Choate	Mocksville
Dr. E. G. Cliche (Life Member)	Elkin
Dr. W. J. Conrad (Life Member)	Winston-Salem
Dr. W. L. Crysler	Lexington
Dr. R. W. Crews	Thomasville
*Dr. W. Clyde Currant	Statesville
Dr. Vernon H. Cox	Winston-Salem
Dr. G. K. Carter	Taylorsville
*Dr. H. C. Daniels (Life Member)	Salisbury
Dr. S. C. Duncan	Monroe
Dr. W. L. Ezzell	Concord
Dr. R. H. Ellington	Salisbury

Dr. P. L. Feezor	Lexington
Dr. R. C. Flowers	Winston-Salem
Dr. Burke W. Fox	Charlotte
Dr. R. A. Frye	Pilot Mountain
Dr. J. M. Gaither	Boone
*Dr. W. D. Gibbs	Charlotte
Dr. L. O. Herring	Charlotte
Dr. A. P. Hartman	Winston-Salem
Dr. Frank K. Haynes	Charlotte
Dr. J. F. Hartness	Mooresville
Dr. R. B. Harrell	Elkin
Dr. Gary Heeseman	Charlotte
Dr. E. S. Hamilton	Charlotte
Dr. H. C. Herring	Concord
Dr. Clarence R. Hutchinson	Walnut Cove
Dr. H. C. Henderson (Life Member)	Charlotte
Dr. H. R. Hege	Mt. Airy
Dr. R. D. Holliday	Thomasville
Dr. D. W. Holcombe	Winston-Salem
Dr. W. C. Houston	Concord
*Dr. J. M. Holland	Statesville
Dr. O. R. Hodgkin	Thomasville
*Dr. P. E. Horton (Life Member)	Winston-Salem
Dr. George C. Hull	Charlotte
Dr. W. A. Ingram	Monroe
*Dr. Ralph Jarrett	Charlotte
Dr. R. H. Jones (Life Member)	Winston-Salem
Dr. O. L. Joyner	Kernersville
Dr. F. G. Johnson	Lexington
*Dr. H. L. Keel	Winston-Salem
Dr. James L. Keerans	Charlotte
Dr. Cyrus Clifton Keiger	Charlotte
Dr. F. W. Kirk	Salisbury
Dr. W. L. Kibler	Charlotte
Dr. O. B. Kirby	Charlotte
*Dr. A. R. Kistler	Monroe
Dr. G. L. Krueger	Charlotte
Dr. G. A. Lazenby	Statesville
Dr. Sam Levy	Charlotte
Dr. W. C. Logan	Winston-Salem
Dr. J. G. Marler (Life Member)	Yadkinville
Dr. Guy M. Mastian	Winston-Salem
Dr. Wm. F. Medearis	Charlotte
Dr. E. Brown Morgan	Concord
Dr. F. C. Mendenhall	Winston-Salem
*Dr. Daniel B. Mizell	Charlotte
Dr. Rosebud Morse	East Bend
Dr. D. O. Montgomery	Statesville
Dr. T. Duke Morse	Winston-Salem
*Dr. J. A. McClung	Winston-Salem
Dr. J. M. Neel	Salisbury

Dr. J. H. Nicholson	Statesville
Dr. H. R. Pearman	Cooleemee
Dr. C. M. Parks	Winston-Salem
Dr. R. M. Patterson	Concord
Dr. Ralph E. Petree	Charlotte
*Dr. John R. Pharr	Charlotte
*Dr. A. J. Pringle	Lawsonville
Dr. R. L. Ramsey (Life Member)	Salisbury
Dr. R. L. Reynolds	Lexington
Dr. W. M. Robey (Life Member)	Charlotte
Dr. Grady L. Ross	Charlotte
Dr. Wade A. Sowers	Lexington
Dr. J. R. Secrest	Winston-Salem
Dr. W. A. Secrest	Winston-Salem
Dr. Ralph Schmucker	Charlotte
Dr. R. R. Shoaf	Lexington
Dr. C. F. Smithson (Life Member)	Charlotte
Dr. R. E. Spoon	Winston-Salem
*Dr. Harold E. Story	Charlotte
Dr. L. A. Taylor	Winston-Salem
*Dr. W. C. Taylor	Salisbury
Dr. W. A. Taylor	North Wilkesboro
Dr. L. E. Taylor	Charlotte
Dr. B. C. Taylor	Landis
*Dr. C. L. Thomas	Mount Airy
*Dr. Leroy Thompson	Winston-Salem
Dr. M. L. Troutman	Kannapolis
Dr. L. P. Trivette	Mooreville
Dr. R. D. Tuttle	Winston-Salem
Dr. C. U. Voils	Mooreville
Dr. V. V. Voils	Mooreville
Dr. G. E. Waynick	Winston-Salem
Dr. C. H. Wadsworth	Concord
Dr. D. T. Waller	Charlotte
*Dr. J. C. Watkins (Life Member)	Winston-Salem
Dr. B. H. Webster	Charlotte
Dr. C. D. Wheeler	Salisbury
Dr. T. P. Williamson	Charlotte
*Dr. K. M. Yokeley	Winston-Salem
Dr. J. W. Zimmerman	Salisbury

THIRD DISTRICT

Dr. A. J. Adams	Durham
*Dr. J. S. Betts (Life Member)	Greensboro
Dr. A. B. Bland	Durham
Dr. John H. Brock (Life Member)	Burlington
Dr. R. W. Brannock	Burlington
*Dr. Henry C. Carr	Durham
*Dr. Daniel T. Carr	Durham
Dr. R. R. Clarke	Chapel Hill
*Dr. W. F. Clayton	High Point

*Dr. L. G. Coble	Greensboro
Dr. R. S. Cole (Life Member)	Rockingham
Dr. J. Cecil Crank	Greensboro
*Dr. A. W. Craver	Greensboro
*Dr. Leland M. Daniels	Southern Pines
*Dr. L. M. Edwards	Durham
*Dr. H. A. Edwards	Greensboro
*Dr. W. I. Farrell	Troy
Dr. Roscoe M. Farrell	Pittsboro
*Dr. L. M. Fooshee	Burlington
Dr. H. Kemp Foster	Greensboro
*Dr. J. S. Frost	Burlington
Dr. J. M. Gardner	Gibson
Dr. F. E. Gillian	Burlington
*Dr. C. A. Graham	Ramseur
Dr. George G. Herr	Southern Pines
Dr. John N. Hester	Reidsville
Dr. J. G. Hickerson	Spray
Dr. O. W. Holloway	Durham
Dr. R. H. Holden	Durham
Dr. N. T. Holland (Life Member)	Durham
*Dr. J. H. Hurdle	Mebane
Dr. J. H. Hughes	Roxboro
Dr. J. E. Holt	Greensboro
Dr. J. P. Jones	Chapel Hill
Dr. A. H. Johnson	Greensboro
*Dr. Dennis F. Keel	Greensboro
*Dr. G. E. Kirkman	Greensboro
*Dr. C. D. Kistler	Randleman
Dr. J. T. Lashley	Greensboro
Dr. Chas. T. Lipscombe (Life Member)	Greensboro
*Dr. D. K. Lockhart (Life Member)	Durham
Dr. William Lynch (Life Member)	Chapel Hill
*Dr. E. M. Medlin	Aberdeen
Dr. Charles Ivy Miller	Aberdeen
Dr. J. S. Moore	Reidsville
*Dr. H. V. Murray	Burlington
*Dr. A. A. McDuffie	Candor
Dr. J. R. Meador	Reidsville
Dr. Charles W. McAnally	Madison
*Dr. E. P. McCutcheon	Durham
Dr. R. T. Nichols (Life Member)	Rockingham
Dr. Carl P. Norris (Life Member)	Durham
Dr. L. G. Page	Yanceyville
Dr. H. M. Patterson	Burlington
*Dr. Charles C. Poindexter	Greensboro
*Dr. E. F. Pope	Albemarle
*Dr. O. L. Presnell	Ashboro
Dr. C. W. Regan (Life Member)	Laurinburg
*Dr. A. P. Reade	Durham
*Dr. J. B. Richardson	High Point

Dr. E. E. Richardson (Life Member)	Leaksville
Dr. W. W. Rowe (Life Member)	Greensboro
Dr. W. N. Richardson	Leaksville
Dr. S. W. Shaffer	Greensboro
Dr. Hubert B. Sapps	Baden
Dr. J. C. Senter	Albemarle
Dr. N. Sheffield	Greensboro
Dr. E. W. Shackelford	Durham
Dr. B. B. Shamberger	Star
Dr. C. N. Stone	Greensboro
*Dr. T. Edgar Sikes	Greensboro
Dr. H. A. Smathers	Greensboro
Dr. L. T. Smith (Life Member)	Reidsville
*Dr. J. S. Spurgeon (Life Member)	Hillsboro
*Dr. John Swain	Ashboro
Dr. C. H. Teague	Greensboro
Dr. H. Herndon Thompson	Hamlet
*Dr. E. A. Troxler	Greensboro
Dr. E. J. Tucker (Life Member)	Roxboro
*Dr. J. T. Underwood	Durham
Dr. D. A. Walters	Greensboro
Dr. J. S. Wells	Reidsville
Dr. Charles Wheeler	Greensboro
*Dr. J. H. Wheeler (Life Member)	Greensboro
Dr. B. W. Williamson	Hamlet
Dr. J. F. Williamson	Wadesboro
*Dr. R. A. Wilkins	Burlington
*Dr. W. L. Woodward	Troy
*Dr. J. E. Wyche (Life Member)	Greensboro
*Dr. G. N. Yates	Durham
Dr. T. R. Zimmerman	High Point
*Dr. L. R. Zimmerman	High Point
*Dr. L. H. Zimmerman	High Point

FOURTH DISTRICT

*Dr. C. E. Abernathy	Raleigh
Dr. B. L. Aycock	Princeton
Dr. R. T. Allen (Life Member)	Lumberton
Dr. Clarence D. Bain	Dunn
Dr. James B. Bardin	Chadbourn
*Dr. A. D. Barber	Sanford
*Dr. Victor E. Bell	Raleigh
*Dr. S. L. Bobbitt	Raleigh
*Dr. E. H. Broughton	Raleigh
*Dr. W. Howard Branch	Raleigh
*Dr. E. A. Branch	Raleigh
*Dr. J. K. Bryan	Oxford
*Dr. C. H. Bryan	Apex
Dr. J. R. Butler	Dunn
*Dr. L. E. Buie	Raleigh
Dr. W. E. Campbell	Littleton

Dr. N. G. Carroll (Life Member)	Raleigh
*Dr. H. R. Chamblee	Raleigh
Dr. R. D. Clements	Raleigh
Dr. H. R. Cromartie	Raeford
*Dr. A. S. Cromartie	Fayetteville
Dr. J. F. Coletrane	Zebulon
Dr. R. C. Daniels	Southport
Dr. I. H. Davis (Life Member)	Oxford
*Dr. J. R. Edwards	Fuquay Springs
Dr. Paisley Fields	Fairmont
*Dr. S. J. Finch	Oxford
*Dr. Arthur Fleming (Life Member)	Louisburg
*Dr. J. Martin Fleming (Life Member)	Raleigh
Dr. Cecil Fuquay	Coats
*Dr. G. Fred Hale	Raleigh
Dr. L. G. Hair	Fayetteville
*Dr. C. C. Hatch	Sanford
*Dr. E. B. Howle	Raleigh
*Dr. S. Robert Horton	Raleigh
Dr. G. L. Hooper	Erwin
*Dr. I. H. Hoyle	Henderson
Dr. E. W. Hunter	Sanford
Dr. J. K. Hunt	Jonesboro
Dr. J. H. Ihrie	Wendell
*Dr. Wilbert Jackson	Clinton
Dr. John A. Jernigan	Dunn
*Dr. K. L. Johnson	Raleigh
*Dr. J. H. Judd (Life Member)	Fayetteville
Dr. J. C. Johnson	Raleigh
*Dr. E. N. Lawrence	Raleigh
Dr. E. G. Lee	Clinton
*Dr. H. O. Lineberger	Raleigh
*Dr. R. Phillip Melvin	Elizabethtown
*Dr. W. T. Martin	Raleigh
Dr. L. M. Massey	Zebulon
*Dr. L. J. Moore	St. Pauls
Dr. W. F. Mustian	Norlina
Dr. Gates McKaughan	Raleigh
*Dr. S. R. McKay	Lillington
Dr. H. McK. McDairmid	Raeford
*Dr. Walter McRae	Red Springs
Dr. F. W. McCracken (Life Member)	Sanford
Dr. N. G. Nimocks	Lumberton
*Dr. R. M. Olive	Fayetteville
Dr. W. J. Payne	Clayton
Dr. G. B. Patterson (Life Member)	Fayetteville
Dr. P. L. Pearson	Raleigh
Dr. Guy E. Pickford	Raleigh
*Dr. D. L. Pridgen	Fayetteville
Dr. W. W. Rankin	Raleigh
*Dr. C. W. Sanders	Benson

Dr. Everett L. Smith	Raleigh
*Dr. D. T. Smithwick	Louisburg
*Dr. R. M. Squires (Life Member)	Wake Forest
*Dr. R. W. Stephens (Life Member)	Apex
Dr. J. E. Swindell	Raleigh
Dr. M. F. Townsend	Lumberton
Dr. W. W. Taylor	Warrenton
*Dr. R. A. Turlington	Clinton
*Dr. A. D. Underwood	Raleigh
*Dr. F. H. Underwood	Carthage
*Dr. H. N. Walters (Life Member)	Warrenton
*Dr. S. R. Watson	Henderson
*Dr. J. W. Whitehead	Smithfield
*Dr. A. L. Wooten	Raleigh
Dr. W. F. Yates	Chadbourn
*Dr. T. L. Young	Raleigh
Dr. Jesse R. Zachary	Raleigh

FIFTH DISTRICT

*Dr. J. O. Broughton	Wilmington
*Dr. Vernon M. Barnes	Wilson
Dr. O. J. Bender (Life Member)	Jacksonville
Dr. M. D. Bissett	Wilson
*Dr. Dewey Boseman	Wilson
Dr. A. C. Bone	Rocky Mount
*Dr. J. W. Brown	Rich Square
Dr. L. H. Butler	Hertford
Dr. F. G. Chamblee	Spring Hope
*Dr. Harvey W. Civils	New Bern
*Dr. P. B. Cone	Williamston
*Dr. F. H. Coleman	Wilmington
Dr. J. H. Dreher	Wilmington
*Dr. L. J. Dupree	Kinston
*Dr. J. F. Duke	Washington
*Dr. D. W. Dudley	Kinston
*Dr. George Dennis	Wallace
Dr. A. C. Early	Aulander
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